

Crash Number C000099701-01	Reporting Agency GEORGIA DEPARTMENT OF P	UBLIC SAFETY	Reporting Agency Case Number Reporting Agency CAD Number C000099701-01 GSPG12CAD000752				
CRASH IDENTIFIERS		FINE CONTRACTOR					
County of Crash DECATUR	City or Place of Crash	City Limits	Crash Date/Time Reported Date, 01/03/2012 01:29 PM 01/03/2012 0				
On Scene Date/Time Cle 01/03/2012 01:41 PM 01	eared Scene Date/Time Complete /03/2012 02:31 PM 01/03/20	Date/Time 012 02:31 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY			
ROADWAY INFORMATION				TENVENI OKOEMENI NOENO			
Roadway Description for Location of Od SR 310			Distance to City or Place of Crash	Latitude Longitude W 84 44 0.79			
Intersecting Roadway Description for Los SR 38	ocation of Occurrence		Distance / Direction from Crash Location	Roadway Roadway Cleared Date/Time			
Part of National Highway System Roa	idway Functional Class Type RAL	R	Dadway Functional Class Detail	E Blocked			
Type of Shoulder Roa	Idway Lighting	Roadway Bikewa		cle Route			
Traffic Control Type at Intersection	Mainline Number of	NONE Lanes at Intersection					
CRASH INFORMATION	ET ONLY FOUR TO SIX L	ANES	TWO LANES				
Light Condition DAYLIGHT	Weather Condition		Roadway Surface Condition	- Out Bit - T			
First Harmful Event Type	ICLEAR		DRY First Harmful Event Detail	Crash Pictures Taken			
COLLISION NON-FIXED OBJECT		Nas Marada III	MOTOR VEHICLE IN TRANSPORT	1			
Total Courts	2 0 2	0	ured Fatalities Witnesses 0 0	Other Persons Businesses Violations 1			
First Harmful Event's Relation to Junction CROSSOVER-RELATED	on Is First Harmful Event wit	thin Interchange Area	Type of Intersection FOUR-WAY INTERSECTION	ON			
Contributing Circumstances: Environme NONE	ent Contributing NONE	Circumstances: Env	ronment Contributing C	ircumstances: Environment			
Contributing Circumstances: Road	Contributing	Circumstances: Roa	d NONE Contributing C	ircumstances: Road			
NONE School Bus Related	NONE Work Z	one Related	NONE Crash Location in Work Zor	20			
NO NELUCI E VOA	NO		Oracin Education III Work 201				
VEHICLE V01 Motor Vehicle Type MOTOR VEHICLE IN T		State	License Number Registration Expires	Permanent VIN			
Year Make	TRANSPORT Model	Style		Registration 1FT7W2BT8BEB68815			
2011 FORD Special Function of Motor Vehicle in Tra	SRW SUPER DUTY	TK lcy Motor Vehicle Use	GRN PIĆKÚP				
NO SPECIAL FUNCTION	NO		NOT A				
CIRCLE	EARM	Last Name IS INC	Owner Suffix Owner Business (if not Po	erson)			
Address 1393 YATES SPRING RD	Address Other	r	City BRINSON	State Zip Code GA 39825-2017			
Owner Phone Number	Owner Phone Number (other)	Insurance Company FIREMANS FUN		Insurance Policy Number MZA80284510			
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method			
Direction of Travel Before Crash	Estimated Posted Roadway Type	e	Total Lanes Roadway Horizontal Alignment	Roadway Grade			
Trafficway Description	peed: 55 UNDIVIDED	Traffic	12 ISTRAIGHT Control Device Type	LEVEL Working Properly			
TWO-WAY NOT DIVIDED Roadway Description for Vehicle Travel		I YIELD	SIGN	IYES			
SR 310 Vehicle Maneuver Action (by this vehicle	Hit & Run (by ti	his vehicle)	Domogo Exto	nt (for this vehicle)			
ENTERING TRAFFIC LANE 1st Sequence of Events Type (this vehic	NO DID NO	T LEAVE SCENE	FUNČTION	AL DAMAGE			
COLLISION NON-FIXED OBJECT			of Events Detail (this vehicle) HICLE IN TRANSPORT				
2nd Sequence of Events Type (this vehi UNKNOWN		2nd Sequence	of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehic UNKNOWN	(e)	3rd Sequence	of Events Detail (this vehicle)	W.			
4th Sequence of Events Type (this vehicl UNKNOWN	ile)	4th Sequence	of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle)		Most Harmful E	Event Detail (this vehicle)				
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle)	le)	MOTOR VE	HICLE IN TRANSPORT Contributing Circumstances 2 (this vehicle)				
NONE	12		Contributing Circumstances 2 (this vehicle)				
Area of Initial I	mpact		Most Damaged Area	13			
☐ Non Colli	sion **		☐ Non Collision	10 A 1 A 1			
□ Тор	· Tild.		□ Тор	. ← : T : →.			
☐ Undercar	riage T		Undercarriage	1 1 1 1			
☐ Unknown	*\ \ \			· \ ' - 1 \ '			
_ Online			Unknown	1			
Occupant Type DRIVER	Person Name (First Middle Last Suff	fix)	Injury Status				
VEHICLE V02	DONALD NATHAN ALBRITTON		NO INJURY(O)				
Motor Vehicle Type	DANGE OF THE STATE	State	License Number Registration Expires P.	ermanent VIN			
Year Make	Model	Style GA	BKY5995 6/15/2012 R Color Body Type Categor	egistration 1G1ND52J416152495			
2001 CHEVROLET Special Function of Motor Vehicle in Tran	MALIBU	4Ś y Motor Vehicle Use	BGE PASSËNGER C	ÁR			
NO SPECIAL FUNCTION	NO NO	,o.o. volicie Ose	Type of B	us use BUS			

Crash Number C000099701-01	Reporting Agency GEORGIA DEPARTMENT OF PI	JBLIC SAFETY		Reporting Agency Case Number C000099701-01	Reporting Agency CAD Number GSPG12CAD000752						
		Last Name	Owner S	uffix Owner Business (if not Person)							
Address 5599 HWY 91	NATHAN WALL Address Other			City	State Zip Code						
Owner Phone Number	Owner Phone Number (other)	Insurance Company			IGA 39845-6703 Irance Policy Number						
Vehicle Removal		PROGRESSIVE Vehicle Towed By			731513-9 Wrecker Selection Method						
TOWED DUE TO DISABLING DA	Estimated Posted Roadway Typ	WESTSIDE TOV	A CONTRACTOR OF THE PARTY OF TH	oadway Horizontal Alignment	ROTATION Roadway Grade						
Trafficway Description	Speed: 65 DIVIDED H	IGHWAY	Control Device Type	URVÉ RIGHT	LEVEL Working Properly						
Roadway Description for Vehicle Travel	CTED (PAINTED >4 FEET) MEDIAN		ONTROLS								
SR 38 Vehicle Maneuver Action (by this vehicle	e) Hit & Run (by	this vehicle)	TARREST CANADA CONTRACTOR	Damage Extent (for the	nis vehicle)						
MOVEMENTS ESSENTIALLY ST 1st Sequence of Events Type (this vehic	RAIGHT AHEAD NO DID NO	T LEAVE SCENE	of Events Detail (t	DISABLING DAMA							
COLLISION NON-FIXED OBJECT 2nd Sequence of Events Type (this vehi	T	MOTOR VE	HICLE IN TRAN	ISPORT							
UNKNOWN			of Events Detail (
3rd Sequence of Events Type (this vehicl UNKNOWN		3rd Sequence	of Events Detail (t	his vehicle)							
4th Sequence of Events Type (this vehicl UNKNOWN	cle)	4th Sequence	of Events Detail (t	his vehicle)							
Most Harmful Event Type (this vehicle)	Γ		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT								
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicl NONE	cle)	1		eumstances 2 (this vehicle)							
Area of Initial	Impact 11		INONE	Most Damaged Area	12						
☐ Non Coll	<				العالم المعالم						
П Тор	A + 1 -			Non Collision	↑ 1						
☐ Underca	riogo			Тор	1 1 1						
_	•×1-1×			☐ Undercarriage	1 1 1						
Unknow				Unknown	1						
Occupant Type DRIVER	Person Name (First Middle Last Su KAYLA MAE WALLACE	ffix)		Injury Status NON FATAL INJURY							
DRIVER V01				TAIN DAM TO THE OWN							
Person Type DRIVER	V01	on Type Detail			•						
First Name DONALD	Middle Name NATHAN	Last Nar ALBRI		Suffix	Date of Birth Age Sex 10/29/1970 41 M						
Address 2851 FACEVILLE HWY	Address Other		A. A	City BAINBRIDGE	State Zip Code GA 39819						
Phone Number	Phone Number (other)	Condition at Time of APPARENTLY N			10/1						
Driver License Number 053859385	Class Expires State C 10/29/2016 GA	Jurisdiction Type	I-CDL DRIVER'S	S LICENSE Status	NSE						
Drivers License Restrictions 1 NONE		se Restrictions 2	ODE BINIVER	Drivers License Restric							
Driver Distracted By NOT DISTRACTED	THORE		Driver Vision Obstructions VISION NOT OBSCURED								
Driver Actions at Time of Crash 1 (based	d on judgement of investigation officer)		Driver Actions at	Time of Crash 2 (based on judgement of	investigation officer)						
Driver Actions at Time of Crash 3 (based			Driver Actions at	UTING ACTION Time of Crash 4 (based on judgement of	investigation officer)						
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehic	NO CONTRIB le Seating Position	UTING ACTION : Other	I						
FRONT Restraint Systems	LEFT	NOT APP	LICABLE Helmet Use		Seating Position Unknown						
SHOULDER AND LAP BELT USE Air Bag Deployed	ED .		Ejection		,						
DEPLOYED-SIDE Trapped Extrication			NOT EJECTE	D							
NOT TRAPPED Injury Severity Level Type	Lister Constitution I Day										
NO INJURY(O)	Injury Severity Level De				Obvious of Body Area Injured During Crash						
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run N	umber	Medical Facility Transported To							
Law Enforcement Suspected Alcohol Us NO	e Alcohol Test Type	Alcohol Te TEST N	ested OT GIVEN	Alcohol Test Result	BAC						
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Test TEST N	ed OT GIVEN	Drug Test Result							
Violation Type Issued UNIFORM TRAFFIC CITATION		/iolation Descriptio 0-6-72 (B) FAILUI		F STOP SIGN							
DRIVER V02		TO THE INCHES	THAT SAME								
Person Type DRIVER	V02	n Type Detail									
First Name KAYLA	Middle Name MAE	Last Nam WALLA		Suffix	Date of Birth Age Sex 11/02/1992 19 F						
Address 410 W 7TH ST	Address Other		City State Zip Code DONALSONVILLE GA 39845								
Phone Number	Phone Number (other)	Condition at Time of APPARENTLY N		William Will Villable							
Driver License Number 055253640	Class Expires State D 11/02/2013 GA	Jurisdiction Type	-CDL DRIVER'S	S LICENSE Status VALID LICE	NSF						
Drivers License Restrictions 1 NONE		se Restrictions 2	- DE DINIVER	Drivers License Restrict							
Driver Distracted By NOT DISTRACTED	Inone		Driver Vision Obs	tructions							

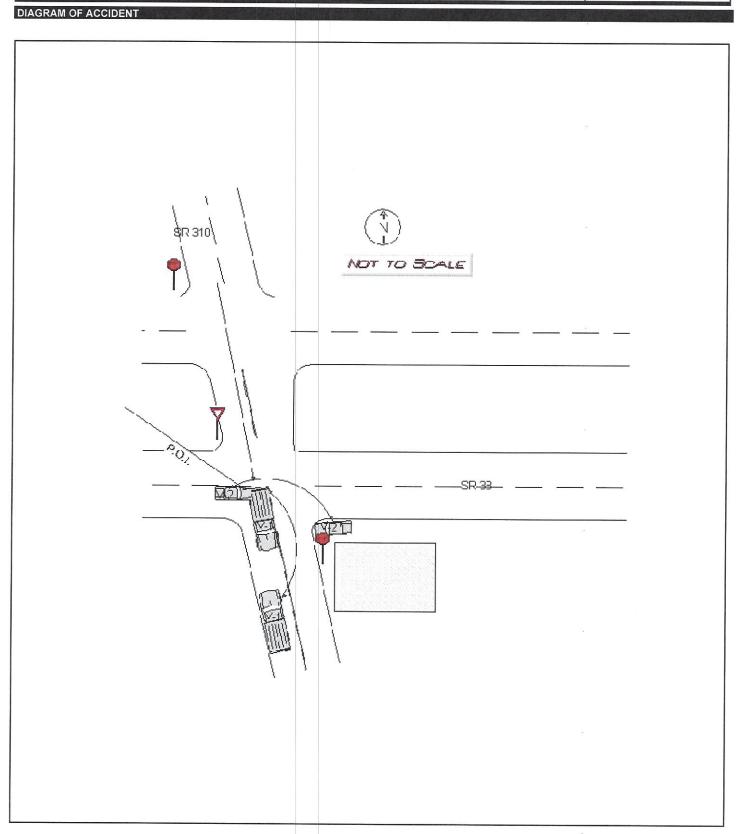
Crash Number C000099701-01	Reporting Agency GEORGIA DEPARTN	MENT OF PUBLIC S	SAFETY		Reporting Agen C000099701	cy Case Number -01	Reporting Agency (GSPG12CAD00	CAD Number 00752
Driver Actions at Time of Crash 1 (based o NO CONTRIBUTING ACTION			Driver Actions at T NO CONTRIBU	ime of Crash 2 (ITING ACTION	based on judgement of inv	restigation officer)		
Driver Actions at Time of Crash 3 (based o NO CONTRIBUTING ACTION	ion officer)		Driver Actions at T NO CONTRIBU	ime of Crash 4 (TING ACTION	based on judgement of inv I	estigation officer)		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating LEFT		Motor Vehicl NOT APPI	e Seating Position: LICABLE	Other		☐ Seatin	g Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use				
Air Bag Deployed DEPLOYED-FRONT			Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY	Injury Se NON-IN	verity Level Detail ICAPACITATING (B	3)			Primary or Most Obvi UPPER EXTREM	ous of Body Area In	jured During Crash
Source of Transport to Medical Facility OTHER	EMS Agency Nan	ne or ID	EMS Run N	IS Run Number Medical Facility Transported To				
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Result	5	

NARRATIVE: C000099701

Vehicle # 1 was attempting to cross SR 38 from SR 310. Vehicle # 2 was traveling eastbound on SR 38 in the outside lane of travel. Vehicle # 1 failed to yield to vehicle # 2 and pulled into its path of travel. The area of impact was in the outside lane of travel of SR 38. Final rest for vehicle #1 was on SR 310, south of the intersection. Final rest for vehicle # 2 was on the south shoulder of SR 38. Vehicle # 2 was removed by Westside Towing, and vehicle # 1 was removed by it's driver. The crash was recorded on DVD #209-001-2012

	REPORTING OFFICER	APPROV	/ING OFFICER (SUPERVISOR)
Reporting Officer Name HALL, C. ID Number Rank 209 TPR Org / Unit G-14	Signature	Approving Officer Name PEEBLES, DANNY S ID Number Rank 632 CPL Org / Unit G-14	Deys Pulles #632

Crash Number Reporting Agency CAD Number C000099701-01 GSPG12CAD000752





Crash Number Reporting Agency C000115055-01 GEORGIA DEPARTMENT	NT OF PUBLIC SAFETY	Reporting C00011	Agency Case Number Reporting Agency CAD Number GSPG12CAD048526
CRASH IDENTIFIERS			
County of Crash DECATUR City or Place of Crash BRINSON	E ,	ts Crash Date/Time 10/28/2012 08:24 PM	Reported Date/Time
On Scene Date/Time Cleared Scene Date/Time 10/28/2012 08:36 PM 10/28/2012 09:37 PM	Complete Date/Time 10/28/2012 09:37 PM	Reason (if Investigation No	
ROADWAY INFORMATION	2017年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日		
Roadway Description for Location of Occurrence SR310 SR38 Intersecting Roadway Description for Location of Occurrence		Distance to City or Distance / Direction	Place of Crash Latitude N 30 58 14.38 W 84 44 0.17 from Crash Location Roadway Roadway Cleared Date/Time
Part of National Highway System Roadway Functional Class Type	Į.	Roadway Functional Class Detail	L Blocked
YES RURAL Type of Shoulder Roadway Lighting	Roadway Bikev	PRINCÍPAL ARTERIAL-OTH vay Facility	ER Signed Bicycle Route
UNPAVED NO LIGHTING Traffic Control Type at Intersection Mainline I	NONE Number of Lanes at Intersection	on Side Road Number of	NOT APPLICABLE Lanes at Intersection
NO CONTROL			
CRASH INFORMATION Light Condition Weather Condition		Roadway Surface Condition	
DARK-NOT LIGHTED CLEAR First Harmful Event Type		DRY First Harmful Event Detail	☐ Crash Pictures Taken
COLLISION NON-FIXED OBJECT		MOTOR VEHICLE IN TR	ANSPORT
Total Counts Vehicles CMV Motorist	S Non-Motorists 0	njured Fatalities 0	Witnesses Other Persons Businesses Violations 6
First Harmful Event's Relation to Junction Is First Harmfu NON-JUNCTION NO	I Event within Interchange Are		
Contributing Circumstances: Environment Co	ontributing Circumstances: En	vironment	Contributing Circumstances: Environment
Contributing Circumstances: Road Co	ONE ontributing Circumstances: Ro	pad	NONE Contributing Circumstances: Road
NONE N School Bus Related	ONE Work Zone Related	Crach	NONE ocation in Work Zone
NO VELLO E VOL	NO	Clash	ocation in vyork zone
VEHICLE V01 V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State	License Number Regist	ration Expires Permanent VIN
Year Make Model	Style		Registration 1Y1SK52861Z438100
2001 CHEVROLET PRIZM PRIZM/LS Special Function of Motor Vehicle in Transport	4\$ Emergency Motor Vehicle Us	RED	PASSENGER CAR
NO SPECIAL FUNCTION	NO J		Type of Bus Use NOT A BUS
BENNY WILLIE	Owner Last Name KIMMINS	Owner Suffix Owne	r Business (if not Person)
1367 WHITES BRIDGE RD	ress Other		City State Zip Code GA 31737-5635
Owner Phone Number Owner Phone Number (other)	Insurance Compan EDISON	ny	Insurance Policy Number 23875
Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By CHAPMANS		Wrecker Selection Method OWNER REQUEST
Direction of Travel Before Crash Estimated Posted Roa NORTHBOUND Speed: 55 DIV	dway Type /IDED HIGHWAY	Total Lanes Roadway Horiz	ontal Alignment Roadway Grade
Trafficway Description TWO-WAY NOT DIVIDED	Traffic	Control Device Type	LEVEL Working Properly
Roadway Description for Vehicle Travel GA38,GA310,DEC	INO C	CONTROLS	
Vehicle Maneuver Action (by this vehicle) Hit &	Run (by this vehicle)		Damage Extent (for this vehicle)
1st Sequence of Events Type (this vehicle)	DID NOT LEAVE SCENE 11st Sequence	e of Events Detail (this vehicle)	DISABLING DAMAGE
COLLISION NON-FIXED OBJECT 2nd Sequence of Events Type (this vehicle)	MOTOR VI	EHICLE IN TRANSPORT	
UNKNOWN 3rd Sequence of Events Type (this vehicle)			
UNKNOWN		e of Events Detail (this vehicle)	ν.
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence	e of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Event Detail (this vehicle)	
Contributing Circumstances 1 (this vehicle) OTHER		Contributing Circumstances 2 NONE	this vehicle)
Area of Initial Impact			t Damaged Area
Non Collision			
Тор	7		Non Collision
	J ²		Тор
Undercarriage	/•		Undercarriage
☐ Unknown			Unknown
Occupant Type Person Name (First Middle DRIVER TAMMY SUE JONES	Last Suffix)		Injury Status
PASSENGER BENNY WILLIE KIMMINS			NO INJURY(O) NO INJURY(O)
PASSENGER JAY KIMMINS PASSENGER DILLEN JONES			NO INJURY(O)
DIELLI OOMEO			NO INJURY(O)

Crash Number R: C000115055-01 G	eporting Agency EORGIA DEPARTMEN	IT OF PUBL	IC S	SAFETY		Reporting Age C00011505	ency Case Number 55	Reporting Agency GSPG12CAD04	CAD Number 48526
VEHICLE V02						SPANA	F1244 3 . 11. 7 7 2		
Motor Vehicle Type MOTOR VEHICLE IN TRAN Year Make	NSPORT Model	104	yle	State AL	License Number 1077990	10/31/20		VIN 4VANC9EH	6DN1139952
2013 VOLVO Special Function of Motor Vehicle in Transpo	VMO/ VST/ TR		RAC	TOR TRK			ody Type Category MEDIUM / HEAVY TRUC	CKS (MORE THA	N 10000 LBS (4536
NO SPECIAL FUNCTION	Middle Name	NO ,					Type of Bus Use NOT A BUS		
Address		Owner Las	t Nar	me	Owner Su	ALABAI	usiness (if not Person) MA MOTOR EXPRESS		
10720 EAST US HWY 84	ner Phone Number (other)		uran	ce Company		C	SHFORD	State AL	Zip Code 36312
334-242-2999 Vehicle Removal	ner i none rumber (otrier)	GF	REA	T WEST C			GWP9	ce Policy Number 01971A	
DRIVEN - NOT DISABLED			nicle	Towed By				recker Selection Met	hod
Trailer State License Number Registration TN U381855	✓ Registration				ar Make 006 GDAN		Model 1GR	Color WHT	Length Axles 53 2
Direction of Travel Before Crash EASTBOUND Speed	Estimated Posted Roa	dway Type /IDED HIGH	IWA	Y		FRAIGHT	al Alignment	Roadway Grade LEVEL	
Trafficway Description TWO-WAY NOT DIVIDED					Control Device Type ONTROLS	9		Working Prop	perly
Roadway Description for Vehicle Travel GA38,GA310,DECATUR								×	
Vehicle Maneuver Action (by this vehicle) UNKNOWN		Run (by this to DID NOT LI					Damage Extent (for this v MINOR DAMAGE	rehicle)	
2nd Sequence of Events Type (this vehicle) UNKNOWN			2r	nd Sequence	of Events Detail (th	nis vehicle)			
3rd Sequence of Events Type (this vehicle) UNKNOWN			3r	d Sequence	of Events Detail (th	is vehicle)		A CONTRACTOR OF THE SECOND	
4th Sequence of Events Type (this vehicle) UNKNOWN			4t	h Sequence	of Events Detail (thi	is vehicle)		WINDS OF THE PERSON	
Most Harmful Event Type (this vehicle)			M	ost Harmful I	Event Detail (this ve	hicle)	NO CASONIAN CHICAGO CASONIAN CONTRACTOR		The second secon
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle) NONE				To Volume	Contributing Circu NONE	mstances 2 (this	s vehicle)		
Area of Initial Impac	ct "					Most D	amaged Area	12	
☐ Non Collision	*/ * 1	/3				□ N	on Collision	, A	
□ Тор		7,				□ т	ор	· T : -	
☐ Undercarriage	+ !!!!	7.					ndercarriage	1 1 1	
☐ Unknown	· \(\(\tau \) \(\tau \)	/ -				 U	nknown		
Gross Vehicle Weight Rating			-	Comr	nercial Motor Vehic	le Configuration	, ,	1	
Hazardous Materials Released From Cargo	SS			TRU rdous Mater	CK TRACTOR/S als Placard	EMI-TRAILER Placard Haza	R Ardous Material Number	Placard Hazard Cla	ass Number
Motor Carrier Name			NO		US DOT N	umber	Motor Carrier Sta	ate Motor Carrier S	State Number
ALABAMA MOTOR EXPRESS Address 10720 EAST US 84	Addr	ess Other			325932	Cit	AL AL	State	Zip Code
	rce of Information					Mo	SHFORD otor Carrier Commercial / No	on-Commercial	36312
Occupant Type Pers	son Name (First Middle	Last Suffix)		INTERSTATE CARRIER Injury Status					
	BEN DANIELS) ÍNJURY(O)		
DRIVER V01 Person Type DRIVER	NM# Vehicles	# Person Ty	/pe D	Detail					
First Name	Middle Name			Last Nam			Suffix	Date of Birth	Age Sex
TAMMY Address	SUE	ess Other	-	JONES		Cit	y	10/16/1980 State	32 F Zip Code
228 E GROW ST LOT 4 Phone Number Phone	ne Number (other)			n at Time of			ÓLQUITT	- IGA	39837
	ass Expires	State Ju	risdic	ction Type			DRUGS/ALCOHOL Status	all the state of t	
056883634 C Drivers License Restrictions 1		GA 0	Charles of the last of the las		-CDL DRIVER'S		VALID LICENS Drivers License Restrictions		
NONE Driver Distracted By	NC	ONE	_		Driver Vision Obst		NONE	7 - 100	
UNKNOWN Driver Actions at Time of Crash 1 (based on ju	udgement of investigation of	ficer)			VISION NOT O	BSCURED	based on judgement of inve	natigation officer\	
RAN STOP SIGN Driver Actions at Time of Crash 3 (based on judgement of investigation officer)					NO CONTRIBU	ITING ACTION	V		
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row Motor Vehicle Seating Position: Seat					NO CONTRIBU	TING ACTION	based on judgement of inve	estigation officer)	
FRONT	LEFT	ion: Seat		Motor Venici	e Seating Position:	Other		☐ Seating	g Position Unknown
Restraint Systems UNKNOWN				Helmet Use					
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NO INJURY(O)	Injury Severity	Level Detail					Primary or Most Obvio	ous of Body Area Inju	ured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or	ID		EMS Run N	umber	Medical Facility	y Transported To		
Law Enforcement Suspected Alcohol Use YES	Alcohol Test Type BLOOD			Alcohol Te			Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use YES	Drug Test Type BLOOD			Drug Teste	ed		Drug Test Result		

March Marc	Crash Number C000115055-01	Reporting Agency GEORGIA DEPARTMENT OF P	UBLIC SAFETY	Reporting Agency Case Number C000115055	Reporting Agency CAD Number GSPG12CAD048526		
Person Type Detail Person	UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	E01024435 E01024437 E01024434 E01024433 E01024432	40-6-72 (B) FAILURE TO STOP / 40-6-390 RECKLESS DRIVING 16-5-60 RECKLESS CONDUCT 40-6-253 POSSESSION OF OPE 40-6-391(A)(1) DUI / ALCOHOL /	EN CONTAINER IN VEHICLE PASS LESS SAFE	ENGER AREA		
Interview Surface Su		NM# Vehicle# Pers	son Type Detail				
ERNY VMLLE Address Other Cor Condours three of Crush Cor State Cordon Sta	First Name	V01		Suffix	Date of Birth Age Sex		
1967 WHITES BRIDGE RD Prone Number (offers) Application Tree Crash COLQUITT GA 598937				City	08/18/1962 50 M		
APPARENTY NORMAN	1367 WHITES BRIDGE RD						
FRONT FRESTINIT Systems AF Sea Space year AF Space	Motor Vehicle Seating Position: Row		APPARENTLY NORMAL	on: Other			
Special Content Support Special Content	FRONT		NOT APPLICABLE		Seating Position Unknown		
NOT ELECTED Trapped Estimation Trapped Estima	UNKNOWN						
NOT TRAPPED Injury Severity Level Type	NOT DEPLOYED			ED			
No INJURY(O) Last Enforcement Suspected Alcohol Use Acohol Test Type Alcohol Test Result BAC TEST NOT GIVEN Drug Test Result Drug Test Name Drug Tes	NÔT TRAPPED	Injury Soverity Lavel F	Octail	Drimony or Mont (Obvious of Rady Area Jaiured During Creek		
TEST NOT GIVEN Drug Test Result	NO INJURY(O)	25.5		The state of the s			
TEST NOT GIVEN	NO .		TEST NOT GIVEN		BAC		
Person Type Mode Name Mode Name Not Notice Person Type Detail List Name Not Notice Not Not Notice Not Not Notice Not Notice Not Notice Not	NO	Drug Fest Type		Drug Fest Result			
Vo1 Vo2 Vo3 Vo3 Vo4	Person Type	NM# Vehicle# IPers	son Typė Detail	and the second			
Address City Cole City	First Name			Suffix	Date of Birth Age Sex		
1367_WHITES BRIDGE RD Phone Number (other) ACONDITION APPARENTLY NORMAL APPARENTLY NORMAL APPARENTLY NORMAL APPARENTLY NORMAL APPARENTLY NORMAL APPARENTLY NORMAL Motor Vehicle Seating Position: Row Motor Vehicle Seating Position: Other Motor Vehicle Seating Position:	Address	Address Other	THE RESERVE THE PARTY OF THE PA	City	State Zip Code		
Motor Vehicle Seating Position: Row SECOND MIDDLE Motor Vehicle Seating Position: Seat Motor Vehicle Seating Position: Cither		Phone Number (other)		Icólquitt	IGA 139837		
Restrant Systems			at Motor Vehicle Seating Position	on: Other	Castina Pasitina Halanawa		
Ejection NOT DEPLOYED Surger part Su	Restraint Systems	MIDDLE			Seating Position Unknown		
NOT EPLOYED			Ejection				
NOT TRAPPED	NOT DEPLOYED			ED			
NO INJURY(O) EMS Agency Name or ID EMS Run Number Medical Facility Transported To	NÖT TRAPPED	Injury Severity Level D	Detail	Primary or Most (Obvious of Body Area Injured During Crash		
NOT TRANSPORTED Alcohol Test Type	NO INJURY(O)				serious of Body 7 to a myarod Baring Grash		
NO	NOT TRANSPORTED				IRAC		
PASSENGER Middle Name	NO		TEST NOT GIVEN		DAC		
Person Type PASSENGER NM# Vehicle# V01 Person Type Detail	NO	Didg Test Type	TEST NOT GIVEN	Drug Test Result			
Last Name DILLEN Middle Name Last Name JONES Suffix Date of Birth Age Sex DILLEN Middle Name JONES Suffix Date of Birth Age Sex DILLEN Middle Name JONES Suffix Date of Birth Middle Name JONES	▶ Person Type	NM# Vehicle# Pers	on Type Detail				
Address Other Address Other City COLQUITT State Zip Code 39837	First Name	I V01 I	Last Name	Suffix	Date of Birth Age Sex		
Prince Number Prince Number (other) Condition at Time of Crash APPARENTLY NORMAL Motor Vehicle Seating Position: Row Motor Vehicle Seating Position: Seat RIGHT NORMAL Restraint Systems Injury Severity Level Use Injury Severity Level Detail NOT DEPLOYED Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash NOT TRAPPED Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash NO TEST NOT GIVEN Injury Severity Level Detail Drug Test Result NO TEST NOT GIVEN Drug Test Result NO TEST NOT GIVEN	Address	Address Other		City	State Zip Code		
Motor Vehicle Seating Position: Row SECOND Motor Vehicle Seating Position: Seat RIGHT Motor Vehicle Seating Position: Other NOT APPLICABLE Motor Vehicle Seating Position: Other NOT APPLICABLE		Phone Number (other)	Condition at Time of Crash	ICOLQUITT	IGA 139837		
Restraint Systems UNKNOWN Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Detail NOI Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash NOI Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash NOI Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash During Crash NOI Injury Severity Level Detail Primary or Most Obvious of Body Area Injured During Crash Drug Tested TEST NOT GIVEN Drug Test Result Drug Test Result Drug Test Result DRIVER V02 Person Type NM# Vehicle# Person Type Detail			at Motor Vehicle Seating Position	n: Other	Seating Position Unknown		
Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Detail NO INJURY(O) Injury Severity Level Detail NO INJURY(O) Alcohol Test Type Alcohol Tested TEST NOT GIVEN NO INJURY Superted Alcohol Use NO DRIVER V02 Person Type NM# Vehicle# Person Type Detail	Restraint Systems	ן תוטחו			lead Seeming , establi Orinatoriil		
Trapped Extrication NOT TRAPPED Injury Severity Level Detail NO INJURY(O) Law Enforcement Suspected Alcohol Use NO Drug Test Type Drug Tested TEST NOT GIVEN DRIVER V02 Person Type NM# Vehicle# Person Type Detail	Air Bag Deployed						
Injury Severity Level Detail NO INJURY(O) Alcohol Test Type Alcohol Test Result Drug Test Type Alcohol Test Result Drug Test Result	Trapped Extrication		I NOT EJECTE	D			
Law Enforcement Suspected Alcohol Use NO Alcohol Test Type Alcohol Test Type Alcohol Tested TEST NOT GIVEN Law Enforcement Suspected Drug Use NO Drug Test Type Drug Tested TEST NOT GIVEN DRIVER V02 I Person Type NM# Vehicle# Person Type Detail Alcohol Test Result Drug Test Result	Injury Severity Level Type	Injury Severity Level D	retail	Primary or Most C	Obvious of Body Area Injured During Crash		
NO TEST NOT GIVEN Law Enforcement Suspected Drug Use Drug Test Type Drug Tested TEST NOT GIVEN DRIVER V02 Region Type NM# Vehicle# Person Type Detail	NO INJURY(O) Law Enforcement Suspected Alcohol Use	e Alcohol Test Type					
NO TEST NOT GIVEN DRIVER V02 I Person Type NM# Vehicle# Person Type Detail			TEST NOT GIVEN				
Person Type NM# Vehicle# Person Type Detail	NO			13			
I F I DDIVED	▶ Person Type		on Type Detail				
TURIVER	First Name		Last Name	Suffix	Date of Birth Age Sex		
	Address	Address Othe		City	State Zip Code		
	Phone Number	Phone Number (other)	Condition at Time of Crash	IDOTHAN	TAL 136303		
3107 BALFOUR DR DÓTHAN AL 36303 Phone Number Phone Number (other) Condition at Time of Crash	Driver License Number 3882575	Class Expires State	Jurisdiction Type	VER LICENSE (CDL) VALID LICE	NSF		
3107 BALFOUR DR Phone Number Phone Number (other) Condition at Time of Crash APPARENTLY NORMAL Driver License Number Class Expires State Jurisdiction Type Status	Commercial Motor Vehicle Endorsements		1 02 GOIWIIWIERGIAL DRI				
3107 BALFOUR DR Phone Number Phone Number (other) Condition at Time of Crash APPARENTLY NORMAL Driver License Number 3882575 Commercial Motor Vehicle Endorsements Condition at Time of Crash APPARENTLY NORMAL Status 02 COMMERCIAL DRIVER LICENSE (CDL) VALID LICENSE Commercial Motor Vehicle Endorsements	Drivers License Restrictions 1		nse Restrictions 2	Drivers License Restrict			
PIDRIVER V02	Law Enforcement Suspected Drug Use NO DRIVER V02	Drug Test Type NM# Vehicle# Pers	Drug Tested TEST NOT GIVEN				
	Address	Address Othe			State Zip Code		
		Phone Number (other)		- 15 No. 14 No. 15 No.	- CANANA		
3107 BALFOUR DR DÓTHAN AL 36303 Phone Number Phone Number (other) Condition at Time of Crash		Class Expires State 03/09/2016 AI	Jurisdiction Type	VER LICENSE (CDI.) VALID LICE	NSE		
3107 BALFOUR DR Phone Number Phone Number (other) Condition at Time of Crash APPARENTLY NORMAL Driver License Number Class Expires State Jurisdiction Type Status	Commercial Motor Vehicle Endorsements						
State Stat		Drivers Lice NONE	nse Restrictions 2	Drivers License Restrict	ions 3		

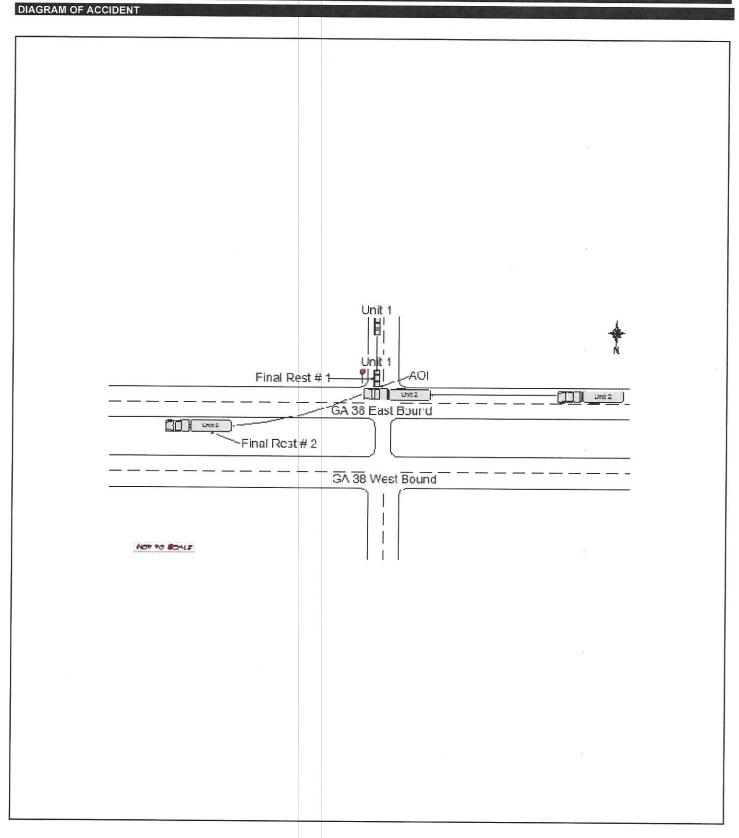
Crash Number C000115055-01	Reporting Age GEORGIA D	ncy PEPARTMENT OF PUB	BLIC	Reporting Agency Case Number Reporting Agency CAD Number GSPG12CAD048526						
Driver Distracted By NOT DISTRACTED					Driver Vision Obstr VISION NOT O	BSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at T NO CONTRIBU	ime of Crash 2 (bit TING ACTION	ased on judgement of in	vestigatio	n officer)	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at T NO CONTRIBU	ime of Crash 4 (ba TING ACTION	ased on judgement of in	vestigatio	n officer)	
Motor Vehicle Seating Position: Row FRONT	Motor Vehi	cle Seating Position: Seat		Motor Vehicle Seating Position: Other NOT APPLICABLE Seatin					Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED					Helmet Use					
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED										
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Deta	ail	Primary or Most Obvious of Body Ar			ody Area Injured During Crash			
Law Enforcement Suspected Alcohol Use NO	Alcohol Te	st Type		Alcohol Tested TEST NOT GIVEN		A	Icohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test	Туре		Drug Teste	TO A STATE OF THE PARTY OF THE		Orug Test Result			
NARRATIVE: C000115055			DE L	Service Control			ASTRONOMIC PROPERTY.		SET RESULTS FOR THE PLANE	

Vehicle # 1 was traveling north on GA 310. Vehicle # 2 was traveling east on GA 38. Vehicle # 1 ran the stop sign at the intersection of GA 310 and GA 38. Vehicle # 1 skidded 69 Ft and struck vehicle # 2 on the passenger side of the truck cab. Final rest of vehicle # 1 was in the roadway way of GA 310. Vehicle # 2 continued east on GA 38 and

Note: This traffic crash was recorded by DVD # 618-034-2012

pulled over onto the north shoulder.

REPORTING OFFICER	API	PROVING OFFICER (SUPERVISOR)
Reporting Officer Name Signature KIRKUS, J. D Number Rank 1618 TFC グーン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Approving Officer Name GOBBY, C ID Number Rank 0372 SFC Org / Unit G-14	Signature SSR AM Jandly ***





Crash Number C000148637-01	Reporting Agency GEORGIA DEPARTMENT O	F PUBLIC	C SAFETY		Reporting Ag C0001486	gency Case Numb 37		orting Agency CA PG13CAD0110	D Number 024
CRASH IDENTIFIERS County of Crash DECATUR On Scene Date/Time 03/13/2013 07:42 AM	City or Place of Crash	olete Date/1 3/2013 08	_	Crash Date/Time 03/13/2013 07:40 Reason (if Inves		Reported Date/ 03/13/2013 0 omplete)	7:42 AM Source o	Dispatched Da 03/13/2013	07:42 AM
ROADWAY INFORMATION		3/2013 08	3:18 AM				LAWE	NFORCEMENT	AGENCY
Roadway Description for Location SR 38 Intersecting Roadway Description SR 310 Part of National Highway System	for Location of Occurrence			Distance		oce of Crash	Latitude N 30 58 Roadway Blocked	14.18 Longi Roadway Clea	184 43 59.95
NO Type of Shoulder	RURAL Roadway Lighting	IRO	padway Bikewa	padway Functional C RINCIPAL ARTER By Facility	RIAL-OTHER	R Signed Bicyc	le Poute	100000000000000000000000000000000000000	
UNPAVED Traffic Control Type at Intersection	NO LIGHTING	N	ONE	• • • • • • • • • • • • • • • • • • • •	Number of La	NOT APPL	ICABLE		
NO CONTROL CRASH INFORMATION		See Ose			MENTANCE	o Salah wayada			
Light Condition DAYLIGHT First Harmful Event Type NON-COLLISION	Weather Condition CLEAR			Roadway Surfac DRY First Harmful Even				Crash	Pictures Taken
Total Counts Vehicle First Harmful Event's Relation to Jones NON-JUNCTION	1 0 1		0		0 Type of Interse		Other Persons 0	Businesses 0	Violations 0
Contributing Circumstances: Enviro	and the second s	uting Circur	mstances: Envi		NOTATINI		cumstances: En	vironment	
Contributing Circumstances: Road NONE		uting Circur	mstances: Roa	d		NONE Contributing Cir	cumstances: Ro	ad	
School Bus Related NO		ork Zone R	elated		Crash Loca	NONE ation in Work Zone	е		
VEHICLE V01									
V01 Motor Vehicle Type MOTOR VEHICLE Year Make	IN TRANSPORT	Chile	State GA	License Number BRX7827	05/03/20	013 📙 R	egistration	/IN 1FAFP34P03W	123271
2003 FORD Special Function of Motor Vehicle i	FOCUS SE/SE CM	Style 4S	tor Vehicle Use	Color SIL		Body Type Catego PASSENGER C	AR		
NO SPECIAL FUNCTION Owner First Name	NO	vner Last N			lo	Type of B NOT A	BUS		
ANGELA Address	YVONNE M Address (ITCHELL	laine	Owner Suff		lusiness (if not Pe	rson)	IState 17	n Code
Owner Phone Number 55902690	Owner Phone Number (other)		ance Company			IAMES NATHA	NIEL WRIGHT	1 3	p Code REYNOLDS
Vehicle Removal			MANENT GE le Towed By	NERAL ASSURA	ANCE CORF).	16GA13189	69 Selection Method	
DRIVEN - NOT DISABLED Direction of Travel Before Crash WESTBOUND	Estimated Posted Roadway	Туре		Total Lanes Roa	dway Horizont	al Alignment		vay Grade	- VIII VIII VIII VIII VIII VIII VIII VI
Trafficway Description TWO-WAY DIVIDED POSITIN		D HIGHW	Traffic (Control Device Type	RVĚ LEFT		LEVE	L' Working Properly	
Roadway Description for Vehicle To SR 38 @ SR 310	ravel		INOCC	ONTROLS	M(1000000000000000000000000000000000000				
Vehicle Maneuver Action (by this ve MOVEMENTS ESSENTIALLY		(by this ver	nicle) VE SCENE			Damage Extent	(for this vehicle)		
1st Sequence of Events Type (this COLLISION WITH FIXED OB	vehicle) JECT	The second secon		of Events Detail (this	vehicle)	I WINTON DAIV	IAGL		
2nd Sequence of Events Type (this UNKNOWN	A (((((((((((((((((((2nd Sequence	of Events Detail (this	s vehicle)				
3rd Sequence of Events Type (this UNKNOWN	CS04400049000₩		3rd Sequence	of Events Detail (this	vehicle)				
4th Sequence of Events Type (this UNKNOWN	do to the enterior of the	1	4th Sequence	of Events Detail (this	vehicle)				
Most Harmful Event Type (this vehi NON-COLLISION	**************************************			vent Detail (this vehi N-COLLISION	icle)				
Contributing Circumstances 1 (this NONE	vehicle)			Contributing Circum NONE	nstances 2 (thi	s vehicle)			
□ Non □ Top ☑ Und	itital Impact Collision Fercarriage nown					Damaged Area Jon Collision Jop John Collision John Collisi	10 12 12 12 12 12 12 12 12 12 12 12 12 12		
Occupant Type DRIVER	Person Name (First Middle Last ADREL JY'TERIOUS BOWDEN					ury Status D INJURY(O)			
DRIVER V01 Person Type DRIVER		erson Type	Detail						
First Name ADREL	Middle Name JY'TERIOUS	1000	Last Nam BOWDE	e EN		Suffix	D	ate of Birth 1/05/1995	Age Sex 17 M

Crash Number C000148637-01	Reporti	ng Ager GIA D	ncy EPARTMENT	Γ OF PL	JBLIC	SAFE	TY		Reporting Age C00014863	ncy Case 7	e Number	Reporting GSPG13	Agency (BCAD01	CAD Number 1024
Address 2669 DOZIER RD				ess Othe					Cit	ty CON CI	ГҮ		State GA	Zip Code 39859
Phone Number	Phone N		,			ition at 1 AREN		Crash ORMAL	****				On	100000
Driver License Number 057748064	Class D		xpires 11/05/2017	State GA	Juri:	sdiction		-CDL DRIVER'S	LICENSE		Status VALID LICENS	SE.		
Drivers License Restrictions 1 NONE				ers Licer NE	nse Re	striction	s 2			Drivers NONE	License Restriction			
Driver Distracted By UNKNOWN								Driver Vision Obst VISION NOT O				90-00-0		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION							Driver Actions at T NO CONTRIBU	TING ACTIO	N					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION							Driver Actions at T NO CONTRIBU	ime of Crash 4 (ITING ACTIO)	(based o N	n judgement of inv	estigation o	fficer)		
Motor Vehicle Seating Position: Row FRONT	Moto LEF	or Vehicl	le Seating Posit	ion: Seat		Motor NOT	Vehicle APPL	e Seating Position: ICABLE	Other				Seating	g Position Unknown
Restraint Systems SHOULDER AND LAP BELT USE	D							Helmet Use						
Air Bag Deployed NOT DEPLOYED							- 60	Ejection NOT EJECTED						
Trapped Extrication NOT TRAPPED														
Injury Severity Level Type NO INJURY(O)			Injury Severity	Level De	etail					Pri	mary or Most Obvi	ous of Body	Area Inj	ured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED			gency Name or I	ID		EMS Run Number Medical Facil		Medical Facility	y Transp	orted To				
Law Enforcement Suspected Alcohol Use NO		ohol Tes				Alcohol Tested TEST NOT GIVEN			Alcohol	Test Result			BAC	
Law Enforcement Suspected Drug Use NO	Dru	g Test T	уре				g Teste ST NC	d OT GIVEN		Drug Te	est Result			
NARRATIVE: C000148637										7810				

Vehicle #1 was traveling west on SR 38 in the outside traffic lane. The right rear tire on the vehicle suddenly deflated causing the driver to lose control. Vehicle #1 rotated counterclockwise across both lanes and came to an uncontrolled rest in the grass median just before the intersection with SR 310.

Crash scene recorded on DVD 372-008-13.

	REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)					
Reporting Officer Name GODBY, C ID Number Rank 0372 SFC Org / Unit G-14	Signature SFC CM Livell	1 1 1392	Approving Officer Name VANLANDINGHAM JR, J. ID Number Rank 0551 SERGEANT Org / Unit G-14	Signature Spt. July Y				

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY Crash Number C000148637-01 Reporting Agency Case Number C000148637 Reporting Agency CAD Number GSPG13CAD011024 DIAGRAM OF ACCIDENT NOT TO SCALE NE D SR 38 Westbound B Grass Median



Crash Number C000144638-01	Reporting Agency GEORGIA DEPAI	RTMENT OF PUBLIC	SAFETY	Reporting Agency Case Number Reporting Agency CAD Number GSPG13CAD016535					
CRASH IDENTIFIERS County of Crash	City of Place			HEMES AND A	day a same.				
DECATUR On Scene Date/Time	City or Place			Crash Date/Time 04/15/2013 10:24		13 10:24 AM	Dispatched D 04/15/2013	10:25 AM	
04/15/2013 10:43 AM	Cleared Scene Date/Time 04/15/2013 11:27 AM	Complete Date/T 04/15/2013 11	me :27 AM	Reason (if Investig	ation Not Complete)	Source LAW I	of Information ENFORCEMEN	T AGENCY	
ROADWAY INFORMAT Roadway Description for Location				Distance to	o City or Place of Crash	Latitude			
GA 38, GA 310 Intersecting Roadway Description					Direction from Crash Loc	Latitude N 30 58	3 14.62	itude W 84 44 0.47	
GA 38, GA 310 Part of National Highway System		vpe	IR	oadway Functional Clas		Roadway Blocked	Roadway Clea	ared Date/Time	
Type of Shoulder	RURAL Roadway Lighting		adway Bikewa	RINCIPAL ARTERIA	AL-OTHER	Bicycle Route			
UNPAVED Traffic Control Type at Intersection	NO LIGHTING		DNE		NOT A umber of Lanes at Inters	PPLICABLE			
CRASH INFORMATION				orac ricad ri	arribor or Earles at micro	COLOT			
Light Condition DAYLIGHT	Weather Condi	tion		Roadway Surface (Condition		In.		
First Harmful Event Type COLLISION NON-FIXED OF	CLEAR			DRY First Harmful Event D	Detail	*	Crash	Pictures Taken	
Total Counts Vehic		Motorists Non-M	otorists In	JMOTOR VEHICLE jured Fatalitie	E IN TRANSPORT es Witnesses	Other Persons	Businesses	11/6-1-6	
First Harmful Event's Relation to	2 0	3 Harmful Event within Inte	0	1	0 0	0	0	Violations 1	
NON-JUNCTION Contributing Circumstances: Env	NO			FĆ	be of Intersection DUR-WAY INTERSEC				
NONE Contributing Circumstances: Roa		Contributing Circum NONE			NONE	ng Circumstances: E			
NONE	a	Contributing Circum NONE		d	Contributin NONE	g Circumstances: R	oad		
School Bus Related NO		Work Zone Re	elated		Crash Location in Work	Zone			
VEHICLE V01 Motor Vehicle Type				ESPECIAL PROPERTY.					
Year Make	E IN TRANSPORT Model	Style	State GA	License Number BCG2816	Registration Expires 05/31/2013	Permanent Registration	VIN 3D7KS26C67C	9715120	
2007 DODGE Special Function of Motor Vehicle	RAM TRUCK	NAME AND ADDRESS OF THE OWNER, TH		Color SIL	Body Type Ca PICKUP				
NO SPECIAL FUNCTION		Emergency Moto	The Property Colored St. (Section	9		of Bus Use T A BUS			
Owner First Name JOHN	Owner Middle Name BRIDGES	Owner Last Na FARM	ame	Owner Suffix	Owner Business (if no	ot Person)			
Address 771 BRINSON COLQUITT F Owner Phone Number		Address Other			City BRINSON		IGA I	Zip Code 39825-1732	
The state of the s	Owner Phone Number	FARM	nce Company /I BUREAU			Insurance Po AFV02601	olicy Number		
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle	e Towed By			Wrecke	r Selection Method	d	
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated Poste 55	d Roadway Type DIVIDED HIGHWA	AY		ray Horizontal Alignment	Road	dway Grade		
Trafficway Description TWO-WAY DIVIDED UNPRO	OTECTED (PAINTED >4 F	EET) MEDIAN		Control Device Type ONTROLS			Working Properl	у	
Roadway Description for Vehicle GA 310 NORTH BOUND							'		
Vehicle Maneuver Action (by this MOVEMENTS ESSENTIALL	Y STŔAIGHT AHEAD	Hit & Run (by this vehi		100	Damage E	xtent (for this vehicle ONAL DAMAGE	e)		
1st Sequence of Events Type (this COLLISION NON-FIXED OB	JECT			of Events Detail (this ve	ehicle)	5111 (E 5) (W) (OL			
2nd Sequence of Events Type (the UNKNOWN	s vehicle)	A STATE OF THE OWNER, WHEN PARTY WAS A STATE OF	CONTRACTOR OF THE PARTY OF THE	of Events Detail (this v			A SUPPRESENTATION OF THE PARTY.		
3rd Sequence of Events Type (this UNKNOWN	s vehicle)	3	rd Sequence	of Events Detail (this ve	ehicle)				
4th Sequence of Events Type (this UNKNOWN	s vehicle)	4	th Sequence	of Events Detail (this ve	ehicle)				
Most Harmful Event Type (this veh COLLISION NON-FIXED OB	nicle)	I.V.	ost Harmful I	Event Detail (this vehicle	e)				
Contributing Circumstances 1 (this OTHER	s vehicle)	117	MOTOR VE	HICLE IN TRANSPO					
	laited because			NONE		12	Manager Manager		
_	Initial Impact	D,			Most Damaged Are	a "1"	T		
	n Collision	× 7.			Non Collision	" 4			
☐ To		1)			Тор	• •	V 3		
	dercarriage	1 /4			Undercarriage	7	11.7.		
∐ Un	known	= 1			Unknown	À.	3		
Occupant Type DRIVER	Person Name (First M ALLEN KIETH BRAC				Injury Status NO INJURY(D)			
VEHICLE V02 Motor Vehicle Type			State	License Number					
Year Make	Model	Style	GA	ADI7708 Color	Registration Expires 03/31/2014 Body Type Cate	Registration	/IN WBABN33422J	W60934	
2002 BMW Special Function of Motor Vehicle	325CI	CP Emergency Motor	Vehicle I Isa	BLU	PASSENGE	RCAR			
NO SPECIAL FUNCTION	17.75	NO NO	- GINGE USE		NOT	of Bus Use A BUS			

Crash Number Reporting Agency GEORGIA DEPARTMENT OF	PUBLIC SAI	AFETY Reporting Agency Case Number Reporting Agency CAD Number GSPG13CAD016535
	ner Last Name DTA-RUIZ	Owner Suffix Owner Business (if not Person)
Address C 710 GORDON AVE APT C12	ther	City
Owner Phone Number Owner Phone Number (other)	Insurance (e Company DERS INSURANCE Insurance Policy Number 71261009-9
Vehicle Removal DRIVEN - NOT DISABLED	Vehicle Tov CHAPMA	Fowed By Wrecker Selection Method
Direction of Travel Before Crash Estimated Posted Roadway	Гуре	Total Lanes Roadway Horizontal Alignment Roadway Grade
Trafficway Description	HIGHWAY	Traffic Control Device Type Working Properly
TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIA Roadway Description for Vehicle Travel	AN	NO CONTROLS
GA 38 WEST BOUND Vehicle Maneuver Action (by this vehicle) Hit & Run (by this vehicle)	e) Damage Extent (for this vehicle)
1st Sequence of Events Type (this vehicle)	NOT LEAVE S	SCENE DISABLING DAMAGE Sequence of Events Detail (this vehicle)
COLLÍSION NON-FIXED OBJECT 2nd Sequence of Events Type (this vehicle)		OTOR VEHICLE IN TRANSPORT d Sequence of Events Detail (this vehicle)
UNKNOWN 3rd Sequence of Events Type (this vehicle)		Sequence of Events Detail (this vehicle)
UNKNOWN 4th Sequence of Events Type (this vehicle)		Sequence of Events Detail (this vehicle)
UNKNOWN Most Harmful Event Type (this vehicle)		ist Harmful Event Detail (this vehicle)
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle)	MOT	OTOR VEHICLE IN TRANSPORT
NONE		Contributing Circumstances 2 (this vehicle) NONE
Area of Initial Impact		Most Damaged Area
Non Collision **		□ Non Collision ** □ ▲ □ → □
☐ Top • • • • •		Тор
☐ Undercarriage		☐ Undercarriage
Unknown		Unknown
Occupant Type Person Name (First Middle Last	Suffix)	Injury Status
DRIVER ALFREDO MOTA RUIZ PASSENGER JOEL MORALES LOPEZ	,	NO INJURY(O) NON FATAL INJURY
DRIVER V01		HON TAINE INDON
DRIVER V01	erson Type Deta	N N N N N N N N N N N N N N N N N N N
First Name ALLEN Middle Name KIETH		Last Name Suffix Date of Birth Age Sex BRACKIN 10/05/1950 62 M
Address O 1723 FRANK BRASWELL RD		City State Zip Code BRINSON GA 39825
Phone Number Phone Number (other)	APPARE	n at Time of Crash ENTLY NORMAL
Driver License Number Class Expires State 256888059 C 10/05/2015 GA	Jurisdictio 02	tion Type Status VALID LICENSE VALID LICENSE
Drivers License Restrictions 1 Drivers L NONE Drivers L	icense Restriction	ctions 2 Drivers License Restrictions 3 NONE
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions ALL OTHER (EXPLAINED IN NARRATIVE)
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION
Motor Vehicle Seating Position: Row FRONT Motor Vehicle Seating Position: S	eat Mo	Motor Vehicle Seating Position: Other Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED	-	Helmet Use
SHOULDER AND LAP BELL USED AIr Bag Deployed NOT DEPLOYED		Ejection
Trapped Extrication		NOT EJECTED
NOT TRAPPED Injury Severity Level Type Injury Severity Level Type	I Detail	Primary or Most Obvious of Body Area Injured During Crash
NO INJURY(O) Source of Transport to Medical Facility EMS Agency Name or ID	EN	EMS Run Number Medical Facility Transported To
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use Alcohol Test Type		Alcohol Tested Alcohol Test Result BAC
NO Law Enforcement Suspected Drug Use Drug Test Type		TEST NOT GIVEN Drug Tested Drug Test Result
NO		TEST NOT GIVEN
Violation Type Issued Number UNIFORM TRAFFIC CITATION E01180790		Description FAILURE TO YIELD AT INTERSECTION OF ROADWAYS
DRIVER V02 Person Type NM# Vehicle# Pe	erson Type Deta	atail
Person Type DRIVER V02 First Name Middle Name		Last Name Suffix Date of Birth Age Sex
ALFREDO MOTA Address Of		RUIZ 03/31/1972 41 M
710 GORDON AVE APT -C12 Phone Number (other)		City State Zip Code BAINBRIDGE GA 39819
The state of the s	APPARE	ENTLY NORMAL
		tion Type Status
NONE NONE	cense Restriction	NONE
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED

Crash Number C000144638-01	Reporting Agency GEORGIA DEPARTMENT OF P	UBLIC SAFETY	Reporting Agency Case Number C000144638	Reporting Agency CAD Number GSPG13CAD016535				
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement of investigation officer)	Driver Actions at	Time of Crash 2 (based on judgement of					
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement of investigation officer)	Driver Actions at 1	NO CONTRIBUTING ACTION Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Sea LEFT			Seating Position Unknown				
Restraint Systems SHOULDER AND LAP BELT USED)	Helmet Use						
Air Bag Deployed NOT DEPLOYED Trapped Extrication		Ejection NOT EJECTED)					
NÓT TRAPPED								
Injury Severity Level Type NO INJURY(O)	Injury Severity Level D		Primary or Most C	Obvious of Body Area Injured During Crash				
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To					
Law Enforcement Suspected Alcohol Use NO	VALCTURES VALUE PROPER CONTROL OF THE VALUE	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC				
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result					
Person Type	NM# Vehicle# Pers	on Type Detail						
PASSENGER First Name JOEL	Middle Name MORALES	Last Name	Suffix	Date of Birth Age Sex				
Address 1620 BETHEL ROAD	Address Othe	LOPEZ	City	12/22/1982 30 M State Zip Code				
	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL	BAINBRIDGE	GA 39819				
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Sea LEFT		Other	Seating Position Unknown				
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use		1				
Air Bag Deployed DEPLOYED-FRONT		Ejection NOT EJECTED						
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Do	etail TING (B)	Primary or Most O UPPER EXTRE	bvious of Body Area Injured During Crash MITY				
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID DECATUR COUNTY EMS	EMS Run Number 001	Medical Facility Transported To BAINBRIDGE HOSPITAL					
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC				
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result					
NARRATIVE: C000144638								
Vehicle # 1 was traveling north on G	A 310 pulling a tandem avia water	took Vohiolo # 2 was terraling						

Vehicle # 1 was traveling north on GA 310 pulling a tandem axle water tank. Vehicle # 2 was traveling west on GA 38. Vehicle # 1 crossed GA 38 east bound lane into the intersection of GA 38 and GA 310. Vehicle # 1 failed to yield the right away to vehicle # 2. Vehicle # 2 skidded 89 Ft and struck vehicle # 1 in the right side quarter panel. The final rest of both vehicles was in the roadway of GA 38 in the westbound lane.

Note: This traffic crash was recorded by DVD # 618-013-2013

	REPORTING OFFICER		APPROVII	NG OFFICER (SUPERVISOR)
Reporting Officer Name KIRKUS, J. ID Number Rank 0618 TFC Org / Unit G-14	Signature	# 618	Approving Officer Name JONES, K.	Signature Sonus #519



Crash Number C000148642-02	Reporting Agency GEORGIA DEPARTMENT OF F	UBLIC	SAFETY		Reporting Agency Case Nu C000148642	Reporting Agency CAD Number GSPG13CAD019230
CRASH IDENTIFIERS				600 1 King 10		
County of Crash DECATUR	City or Place of Crash BRINSON		City Limits	Crash Date/Time 05/01/2013 12:3	Reported Da 05/01/2013	
On Scene Date/Time 05/01/2013 12:57 PM	Cleared Scene Date/Time Complete 05/01/2013 04:32 PM Complete 05/01/2	Date/Ti 013 04:	me 32 PM		stigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY
ROADWAY INFORMATION	N Property of the Control of the Con		346 6 2			E W EN ONGENENT / GENOT
Roadway Description for Location of SR 38				Distance	e to City or Place of Crash	Latitude Longitude W 84 44 0.62
Intersecting Roadway Description for SR 310					e / Direction from Crash Loca	
Part of National Highway System R NO F	RURAL		P	padway Functional C RINCIPAL ARTEI	Class Detail RIAL-OTHER	
[UNPAVED [N	oadway Lighting IO LIGHTING	NC	adway Bikewa DNE	ay Facility	Signed Bi	cycle Route PLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STR	EET ONLY Mainline Number of	f Lanes	at Intersection	Side Road	Number of Lanes at Interse	ction
CRASH INFORMATION		36,53	W Libra			
Light Condition DAYLIGHT	Weather Condition CLEAR			Roadway Surfac DRY		Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJE	CT			First Harmful Even MOTOR VEHIC	nt Detail CLE IN TRANSPORT	•
Total Counts Vehicles	2 CMV 1 Motorists 3	Non-Me	otorists Inj		Witnesses	Other Persons Businesses Violations
First Harmful Event's Relation to Juni	ction Is First Harmful Event w	ithin Inte		2	0 0 Type of Intersection	0 0 2
INTERSECTION-RELATED Contributing Circumstances: Environ		g Circum	stances: Envi	ironment	FOUR-WAY INTERSECT	TION Circumstances: Environment
NONE Contributing Circumstances: Road	NONE	53	stances: Roa		NONE	Circumstances: Road
NONE School Bus Related	NONE	Zone Re			NONE	
NO	NO	ZUITE RE	lateu		Crash Location in Work 2	one
VEHICLE V01 Motor Vehicle Type			State	License Number	Registration Expires	Permanent IVIN
Year Make	I TRANSPORT Model	Style	GA	CAA2114 Color	02/28/2014 L	Registration 1GCBS14E3K2231061
1989 CHEVROLET Special Function of Motor Vehicle in	'S'TRUCK	TK	or Vehicle Use	GRY	PIĆKÚP	
NO SPECIAL FUNCTION Owner First Name	NO				NOT	of Bus Use A BUS
AARON	MICHAEL BRY		ame	Owner Suff	fix Owner Business (if not	Person)
Address 207 COUNTRY CLUB RD Owner Phone Number	Address Other				City BAINBRIDGE	
500 C C C C C C C C C C C C C C C C C C	Owner Phone Number (other)		nce Company GENERAL			Insurance Policy Number UNKNOWN
Vehicle Removal TOWED DUE TO DISABLING D	DAMAGE	Vehicle RATH	Towed By IELS			Wrecker Selection Method OWNER REQUEST
Direction of Travel Before Crash SOUTHBOUND	Estimated Posted Roadway Typ Speed: 55 UNDIVIDE	e D HIGH	IWAY		dway Horizontal Alignment	Roadway Grade
Trafficway Description TWO-WAY NOT DIVIDED			Traffic (Control Device Type SIGN		Working Properly YES
Roadway Description for Vehicle Trav	rel		10.00	0.0.,		TILO
Vehicle Maneuver Action (by this vehi MOVEMENTS ESSENTIALLY S	cle) Hit & Run (by NO DID NO	this vehi	cle)		Damage Ex	tent (for this vehicle)
1st Sequence of Events Type (this ve COLLISION NON-FIXED OBJECTION	hicle)	1	st Sequence	of Events Detail (this	vehicle)	G DAMAGE
2nd Sequence of Events Type (this ve		NAME AND ADDRESS OF	A STATE OF THE PARTY OF THE PAR	of Events Detail (this		
UNKNOWN 3rd Sequence of Events Type (this ve	hicle)	3	rd Sequence	of Events Detail (this	vehicle)	
UNKNOWN 4th Sequence of Events Type (this vel	hicle)			of Events Detail (this	<u> </u>	
UNKNOWN Most Harmful Event Type (this vehicle	400000 F.)			,	· ·	
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vel	CT	, N	MOTOR VE	Event Detail (this veh HICLE IN TRANS	PORT	
UNKNOWN				NONE	nstances 2 (this vehicle)	
Area of Initia	al Impact				Most Damaged Area	11 12
☐ Non C	ollision **/				Non Collision	w / n A 1 / 2
□ Тор	· Til 1				Тор	.f T ! -\.
☐ Under	carriage +				Undercarriage	1-11111
☐ Unkno	wn "\\\"				Unknown	* \ ' * ' \ '
	1				- Jikilowii	1
Occupant Type DRIVER	Person Name (First Middle Last Su AARON MICHAEL BRYAN	ffix)			Injury Status NON FATAL II	
PASSENGER	MICHAEL ANTHONY MCENTEE				NON FATAL II	
VEHICLE V02 Motor Vehicle Type MOTOR VEHICLE IN			State	License Number	Registration Expires	Permanent VIN
Year Make	Model	\$tyle	GA	IR2132 Color	Body Type Cated	Registration 2HSCESBR65C031038
2005 INTERNATIONAL	9200 SERIES 92	\$tyle TR		BLK	MEDIÚM / HE	AVY TRUCKS (MORE THAN 10000 LBS (4536

Crash Number C000148642-02	Reporting Agency GEORGIA DEPAR	TMENT OF PUBLIC	SAFETY		Reporting Agency Cas C000148642	se Number	Reporting Agency C GSPG13CAD01	AD Number 9230
Special Function of Motor Vehicle in Train NO SPECIAL FUNCTION	nsport	Emergency Mo	otor Vehicle Us	e		Type of Bus Use NOT A BUS		
C&S F	vner Middle Name ORESTRY	Owner Last I	Name	Owner Suffix	The second secon	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		
Address 520 CLEON WALDROP RD	To	Address Other			City WHIGHA		State	Zip Code 39897-3265
Owner Phone Number	Owner Phone Number	NAT		y EMNITY COMPANY	1	Insura 70AF	nce Policy Number 25036751	
Vehicle Removal DRIVEN - NOT DISABLED			cle Towed By			1	Wrecker Selection Meth	od
	7/2014 L Regi	nanent VIN stration 1PELP4320	/P971034 1	ear Make 997 PITTS		Model LOG TRAILER	Color TIT	Length Axles
Direction of Travel Before Crash EASTBOUND Sp Trafficway Description	Estimated Poster beed: 65	Roadway Type DIVIDED HIGHV	VAY	4 CUR	way Horizontal Alignm RVE RIGHT	nent	Roadway Grade LEVEL	
TWO-WAY DIVIDED POSITIVE M Roadway Description for Vehicle Travel	EDIAN BARRIER			Control Device Type ONTROLS			Working Prope	erly
SR 38 @ SR 310 Vehicle Maneuver Action (by this vehicle)	1	Hit & Run (by this ve	hiclo)		ID	- F.I. I.V. W.		
MOVEMENTS ESSENTIALLY STE 1st Sequence of Events Type (this vehicl	RAIGHT AHEAD	NO DID NOT LEA	AVE SCENE	of Events Detail (this v	FUNC	ge Extent (for this CTIONAL DAM	AGE	
COLLISION NON-FIXED OBJECT 2nd Sequence of Events Type (this vehic			MOTOR VE	HICLE IN TRANSP of Events Detail (this	ORT			
UNKNOWN 3rd Sequence of Events Type (this vehicle)				of Events Detail (this v				
UNKNOWN 4th Sequence of Events Type (this vehicle)				of Events Detail (this v	1 May 1 1 May 2			
UNKNOWN Most Harmful Event Type (this vehicle)								
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle	e)		MOTOR VE	Event Detail (this vehicle IN TRANSP	ORT			
NONE	14			NONE NONE	stances 2 (this vehicle))		
Area of Initial Ir	mpact "	T's			Most Damaged	Area 11		
☐ Non Collis	sion */ I	11/1			Non Collis	sion *	[1 4 1 2	
∐ Тор		1 7			Тор	1	,	
☐ Undercarr	nage	1 1			Undercarr	iage	1117	
☐ Unknown	7	2248			☐ Unknown	1		
Gross Vehicle Weight Rating MORE THAN 26000 LBS Hazardous Materials Released From Car	(11793 KG)	1115	TRU	mercial Motor Vehicle (ICK TRACTOR/SEM	MI-TRAILER		_	
NO Motor Carrier Name		NO NO	zardous Mater O		Placard Hazardous M		Placard Hazard Clas	
C&S FORESTRY Address		[Address Other		US DOT Num 1534250	City	Motor Carrier S GA		
520 CLEON-WALDROP RD Phone Number	Source of Information	Trial coo other	-		WHIGHA	M ier Commercial /	State GA Non-Commercial	Zip Code 39897
Occupant Type	Person Name (First N	liddle Last Suffix)		Water like the second	INTERST	ATE CARRIER	?	
DRIVER	RONNIE CHRISTOP				Injury Stat NO INJUR			
DRIVER V01 Person Type DRIVER		ehicle# Person Type	e Detail					
First Name AARON	Middle Name MICHAEL	/01	Last Nar BRYAN			Suffix	Date of Birth	Age Sex
Address 207 COUNTRY CLUB RD	IMIOTIALL	Address Other	DRIA	V	City	205	02/28/1991 State	22 M Zip Code
	Phone Number (other)	Condi	tion at Time of ARENTLY N	Crash ORMAI	BÁINBRII	JGE	GA	39819
Driver License Number 053371284	Class Expires 02/28/20	State Juris	diction Type	-CDL DRIVER'S LI	CENSE	Status VALID LICEN	SE.	
Drivers License Restrictions 1 NONE		Drivers License Re-			TOTAL	icense Restrictio		
Driver Distracted By NOT DISTRACTED				Driver Vision Obstruct VISION NOT OBS	tions			
Driver Actions at Time of Crash 1 (based of FAILED TO YIELD RIGHT-OF-WAY	Y				e of Crash 2 (based or	n judgement of in	vestigation officer)	
Driver Actions at Time of Crash 3 (based of NO CONTRIBUTING ACTION	on judgement of investiga	ation officer)			e of Crash 4 (based or	n judgement of in	vestigation officer)	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seatin	g Position: Seat	Motor Vehic NOT APP	le Seating Position: Oth			Seating I	Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED)			Helmet Use				
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY		everity Level Detail NCAPACITATING ((B)		Prir UN	mary or Most Obv	rious of Body Area Injur	ed During Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Na		EMS Run N 2013		ledical Facility Transport	orted To		
Law Enforcement Suspected Alcohol Use	DEC ČO ÉMS		I Alaskal Ta			Test Result	Ip	AC
NO			Alcohol Te TEST N	OT GIVEN	Alcohol	restricsuit	l ^p	1
Law Enforcement Suspected Drug Use YES	DEC ČO ÉMS		Drug Test	OT GIVEN ed				
Law Enforcement Suspected Drug Use	DEC ČO ÉMS Alcohol Test Type Drug Test Type BLOOD		Drug Test	OT GIVEN ed		est Result TIVE		
Law Enforcement Suspected Drug Use YES Drug Test Results	DEC ČO ÉMS Alcohol Test Type Drug Test Type BLOOD		Drug Test	OT GIVEN ed				

Crash Number C000148642-02	Reporting Agency GEORGIA DEPAR	MENT OF PUB	LIC SAFE	тү	Reporting Agency C C000148642	ase Number	Reporting Agency (GSPG13CAD01	CAD Numbe 19230	ır
Violation Type Issued UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	Number E012265 E012265	08 40	olation Des 0-6-391(A)(0-6-70 FAIL	cription 2) DUI / DRUGS / LES URE TO YIELD AT IN	SS SAFE	ROADWAYS	-		
DRIVER V02	KORK DESIGNATION				TERROLO FIGHT OF	TO TO TO			1953 (5)
Person Type DRIVER		/ehicle# Person /02	Type Detail						
First Name RONNIE	Middle Name CHRISTOPHE	R	La H	st Name ALLMAN		Suffix	Date of Birth 01/30/1969	Age 44	Sex M
Address PO BOX 1621		Address Other			City	·v	State	Zip Code 32353	
	Phone Number (other)	C	ondition at T	ime of Crash LY NORMAL	T QOING	, ,	11-	132333	
Driver License Number H455723690300	Class Expires 01/30/2	State		Type COMMERCIAL DRIV 2	ER LICENSE (CDI	Status VALID LICENSE			
Drivers License Restrictions 1 NONE	<u> </u>	Drivers License NONE	e Restrictions	52	Drive NON		3		
Driver Distracted By NOT DISTRACTED		111511=		Driver Vision Obs	tructions	VL.			
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement of investig	ation officer)			Time of Crash 2 (base	d on judgement of inve	stigation officer)		
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement of investig	ation officer)			Time of Crash 4 (base	d on judgement of inve	stigation officer)		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seatin	ng Position: Seat	Motor	Vehicle Seating Position: APPLICABLE			Seating	g Position U	nknown
Restraint Systems SHOULDER AND LAP BELT USED			TNOT	Helmet Use			10000	g 1 dollari 01	
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED)				11.0
Trapped Extrication NOT TRAPPED									
Injury Severity Level Dype Injury Severity Level D			il			Primary or Most Obvio	us of Body Area Inj	ured During	Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency N	ame or ID	EMS	Run Number	Medical Facility Tra	nsported To	1		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alco	ohol Tested ST NOT GIVEN	Alco	hol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Dru TE	g Tested ST NOT GIVEN	Drug	g Test Result			
PASSENGER V01								大学的	337/5
Person Type PASSENGER First Name	\	ehicle# Person /01	Type Detail						
MICHAEL	Middle Name ANTHONY			st Name CENTEE		Suffix	Date of Birth 02/05/1969	Age 44	Sex M
Address 2795 DOTHAN RD		Address Other			City BAINBI	RIDGE	State	Zip Code 31717	
	Phone Number (other)		ondition at Ti PPARENT	me of Crash LY NORMAL					
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seatir RIGHT	g Position: Seat	Motor NOT	Vehicle Seating Position: APPLICABLE	Other		Seating	g Position Ur	nknown
Restraint Systems SHOULDER AND LAP BELT USED)			Helmet Use					
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED						71			
Injury Severity Level Type NON FATAL INJURY	Injury S NON-	everity Level Detai NCAPACITATIN	I NG (B)			Primary or Most Obviou SPINE	us of Body Area Inj	ured During	Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Na DEC CO EMS	ame or ID	EMS 2013	Run Number	Medical Facility Tran	sported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alco TE:	hol Tested ST NOT GIVEN		nol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug	Tested ST NOT GIVEN	Drug	Test Result			
NARRATIVE: C000148642	E AND SECURITY			700000000000000000000000000000000000000	NET STATE OF			2000年	MEN
Vehicle #1 was traveling south or	n SR 310. Vehicle #2	was traveling e	ast on SR	38. Vehicle #1 failed t	o yield to vehicle #	2 while attempting t	o cross SR 38.	Vehicle #1	struck

Vehicle #1 was traveling south on SR 310. Vehicle #2 was traveling east on SR 38. Vehicle #1 failed to yield to vehicle #2 while attempting to cross SR 38. Vehicle #1 struck vehicle #2 in the left side with the front of vehicle #1. Area of impact was in the outside, eastbound traffic lane on SR 38 at its intersection with SR 310. After impact, vehicle #1 rotated counterclockwise and came to rest in the center of SR 38 in the eastbound traffic lane at its intersection with SR 310 facing north. After impact, vehicle #2 traveled 408 feet coming to a controlled rest on the south shoulder of SR 38. Vehicle #2 left 181 feet of trailer skids at the scene after impact.

Crash scene investigation recorded on DVD 372-009-13.

Note: Blood drawn by Phlebotomist Ashley Harden @ 1459 hours. Charges in the crash are Pending.

Note: Driver of Vehicle #1 was Positive for Methadone. Charges made 07/17/2013.

		REPORTING OFFICER	APPROVING OFFICER (SUPERVISOR)	
Reporting Offic GODBY, C ID Number 0372 Org / Unit G-14	er Name Rank SFC	Signature SFC CM Lindly 3	Approving Officer Name VANLANDINGHAM JR, J. ID Number Rank 0551 SERGEANT Org / Unit G-14	- GK

Crash Number Reporting Agency Case Number GEORGIA DEPARTMENT OF PUBLIC SAFETY Reporting Agency Case Number C000148642 Reporting Agency CAD Number GSPG13CAD019230

DIAGRAM OF ACCIDENT SR310 NOT TO SOALE SR 38 Westbound - - -Grass Median Grass Median SR 38 Eastbound \$R |31|



Crash Number C000193695-01	Reporting Agency GEORGIA DEPART	MENT OF PUBLIC	SAFETY		Reporting Agency C000193695		eporting Agency CAD Number GSPG13CAD039982
CRASH IDENTIFIERS						4 30 5 5 9 70 5	
County of Crash DECATUR	City or Place of C BRINSON			Crash Date/Time 08/29/2013 11:3	30 AM Rep 08/	orted Date/Time 29/2013 11:33 AM	Dispatched Date/Time 08/29/2013 11:33 AM
08/29/2013 11:37 AM	Cleared Scene Date/Time 08/29/2013 01:00 PM	Complete Date/T 08/29/2013 03	ime 3:00 PM	Reason (if Inve	estigation Not Comple		e of Information ENFORCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of							
GA 38 Intersecting Roadway Description for					ce to City or Place of	N 30 5	8 13.34 Longitude W 84 44 0.28
GA 310 Part of National Highway System IR			IR	padway Functional	ce / Direction from Cr	ash Location Roadwa Blocked	Roadway Cleared Date/Time
YES	URAL padway Lighting			RINCÍPAL ARTE	ERIAL-OTHER	Signed Biovele Boute	
UNPAVED N Traffic Control Type at Intersection	O LIGHTING Main		ONE		ad Number of Lanes a	Signed Bicycle Route NOT APPLICABLE	
STOP SIGNS ON CROSS STR	EET ONLY FOU	IR TO SIX LANES		TWO L		at miter section	
Light Condition	Weather Condition			Roadway Surfa	ace Condition		
DAYLIGHT First Harmful Event Type	CLEAR			DRY First Harmful Eve	ent Detail		✓ Crash Pictures Taken
Total Counts Vehicles		orists Non-M	lotorists In		CLE IN TRANSPO		. 10 10
First Harmful Event's Relation to June	2 0	2	0	2	0	Sses Other Persons 0	Businesses Violations 5
NON-JUNCTION Contributing Circumstances: Environ	NO	rmful Event within Int			Type of Intersection FOUR-WAY INTE		
NONE	nent	Contributing Circum		er Como de Servicio dos		ntributing Circumstances: E DNE	Environment
Contributing Circumstances: Road NONE		Contributing Circun NONE	nstances: Roa	d		ntributing Circumstances: F	Road
School Bus Related NO		Work Zone Re	elated		Crash Location i	n Work Zone	
VEHICLE V01							
V01 Motor Vehicle Type MOTOR VEHICLE IN Year Make		100	State EM	License Number GKF9278	Registration Ex 08/25/2015	Registration	VIN 1FMZU73E8VZA62115
2000 FORD	Model EXPLORER	Style SUV		Cold BLU	or Body T J (SPO	ype Category RT) UTILITY VEHICLE	
Special Function of Motor Vehicle in NO SPECIAL FUNCTION		Emergency Mot NO	or Vehicle Use)		Type of Bus Use NOT A BUS	
Owner First Name TYARA	Owner Middle Name A	Owner Last N. SMITH	ame	Owner Su	iffix Owner Busine	ss (if not Person)	
Address 61 MYRTLE DRIVE		Address Other #85			City LERC	ΣΥ	State Zip Code NY 14482
Owner Phone Number	Owner Phone Number (oth	PRO	ince Company GRESSIVE	*		Insurance P UNKNOW	Policy Number
Vehicle Removal TOWED DUE TO DISABLING D	AMAGE		e Towed By HEL'S WRE	CKER			er Selection Method ATION
Direction of Travel Before Crash SOUTHBOUND	Estimated Posted Speed: 65	Roadway Type DIVIDED HIGHW	AY	Total Lanes Ro	adway Horizontal Alig FRAIGHT	gnment Roa	adway Grade VEL
Trafficway Description TWO-WAY DIVIDED UNPROTE	CTED (PAINTED >4 FEE	T) MEDIAN	Traffic (Control Device Type		1 6 6	Working Properly YES
Roadway Description for Vehicle Trav GA 38 @ GA 310							1120
Vehicle Maneuver Action (by this vehi TURNING LEFT		Hit & Run (by this veh NO DID NOT LEA	icle) VE SCENE		Dai	mage Extent (for this vehic SABLING DAMAGE	le)
1st Sequence of Events Type (this vel COLLISION NON-FIXED OBJEC	nicle)		1st Sequence	of Events Detail (thi	is vehicle)	ON IDENTO BY WINTOL	
2nd Sequence of Events Type (this ve COLLISION WITH FIXED OBJE	hicle) CT	12	2nd Sequence	of Events Detail (th			
3rd Sequence of Events Type (this ye	nicle)	3	3rd Sequence	of Events Detail (thi	is vehicle)		
COLLISION WITH FIXED OBJE 4th Sequence of Events Type (this vel UNKNOWN	nicle)			ED OBJECT of Events Detail (thi	is vehicle)		
Most Harmful Event Type (this vehicle)		Most Harmful E	Event Detail (this ve	hicle)		
COLLISION NON-FIXED OBJECT	icle)		MOTOR VE	HICLE IN TRANS	SPORT Imstances 2 (this vehi	icle)	
NONE	12			NONE			.
Area of Initia	(2	Ď.			Most Damag	ged Area	
☐ Non Co	ollision **/ A ;	1.7.			☐ Non Ce	ollision **	
∐ Тор	· · · · ·	3			□ Тор	• 2	V .
	arriage	\J.			Under	carriage	11:17
Unknow	vn ,	15			Unknow	wn , I	1
Occupant Type DRIVER	Person Name (First Mid MARVIN BEARD	dle Last Suffix)			Injury S	Status ATAL INJURY	
VEHICLE V02					INOIN F	ATAL INJUKT	
V02 Motor Vehicle Type MOTOR VEHICLE IN Year Make			State GA	License Number AJJ3257	Registration Exp 12/08/2013	Registration	VIN 1FALP45X8VF116174
1997 FORD	Model MUSTANG GT	Style CN		Color GLD	Body Ty PASSE	rpe Category ENGER CAR	17.11.1
Special Function of Motor Vehicle in Tr NO SPECIAL FUNCTION	ansport	Emergency Moto NO	r Vehicle Use			Type of Bus Use NOT A BUS	

Crash Number C000193695-01	Reporting Agency GEORGIA DEPARTMENT O	F PUBLIC	SAFETY	Y Reporting Agency Case Number Reporting Agency CAD Number GSPG13CAD039982					
Owner First Name GREG	Owner Middle Name	wner Last N	Name	Owner Suffix	Owner Business (if not Person)	OOI 0130AD039902			
Address 421 E PLAIN ST	Address	VILLIAMS Other			City	State Zip Code			
Owner Phone Number	Owner Phone Number (other)	Insur	ance Compan	у		GA 39845-1486 urance Policy Number			
Vehicle Removal	THER THAN VEHICLE DAMAGE	Vehic	le Towed By	I F NOTODO		10408E3011B Wrecker Selection Method			
Direction of Travel Before Crash EASTBOUND	Estimated Posted Roadway	Туре		LE MOTORS Total Lanes Roadwa	y Horizontal Alignment	OWNER REQUEST Roadway Grade			
Trafficway Description	Speed: 65 DIVIDE	D HIGHW	Traffic	Control Device Type		LEVEL Working Properly			
Roadway Description for Vehicle Trav	el	IAN	TIRAL	FIC CONTROL SIGN	AL	YES			
Vehicle Maneuver Action (by this vehi MOVEMENTS ESSENTIALLY S		(by this ve	hicle)		Damage Extent (for the	nis vehicle)			
1st Sequence of Events Type (this vel COLLISION NON-FIXED OBJEC	nicle)	NOT LEA	VE SCENE 1st Sequence	of Events Detail (this veh	DISABLING DAMA	₹GE			
2nd Sequence of Events Type (this ve UNKNOWN				EHICLE IN TRANSPOR					
3rd Sequence of Events Type (this vel UNKNOWN	hicle)		3rd Sequence	of Events Detail (this veh	nicle)				
Most Harmful Event Type (this vehicle)_		Most Harmful	Event Detail (this vehicle)					
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicles)			MOTOR VE	HICLE IN TRANSPOR					
NONE	12			NONE	(12			
Area of Initia					Most Damaged Area				
∐ Non Co	Dilision				Non Collision *	" A : \\'			
∐ Top	1 1 1 1 1 1 1				Тор	ii i i i i i i i i i i i i i i i i i i			
Underc	• \ ' • • • \ '				Undercarriage				
LJ Unknov	vn ,				Unknown	بلب ب			
Occupant Type DRIVER	Person Name (First Middle Last TAVORIS GREG WILLIAMS	Suffix)			Injury Status				
DRIVER V01 Person Type					NON FATAL INJURY				
DRIVER First Name	NM# Vehicle# F V01 Middle Name	erson Type	Last Nar		To the				
MARVIN Address	Address C	thor	BEAR)	Suffix	Date of Birth Age Sex 03/20/1962 51 M			
61 MYRTLE DRIVE Phone Number	#85 Phone Number (other)		ion at Time of	Crash	City LEROY	State Zip Code NY 14482			
Driver License Number	Class Expires Stat	UND	ER THE INF	LUENCE OF MEDICA	ATIONS/DRUGS/ALCOHOL Status				
B0503248316300229562000 Drivers License Restrictions 1	ID NY	02 icense Res			SUSPENDE				
NONE Driver Distracted By	NONE		unotions 2	Driver Vision Obstruction	Drivers License Restrict NONE	ions 3			
NOT DISTRACTED Driver Actions at Time of Crash 1 (base	ed on judgement of investigation officer)			VISION NOT OBSCI					
OPERATED MOTOR VEHICLE I	N ERRATIC, RECKLESS, CAREL ed on judgement of investigation officer)	ESS, NE	GLIGENT O	I FAILED TO YIELD R	RIGHT-OF-WAY	1. A. 100-100-901 NO AND STATE OF COMPANY 1950.			
NO CONTRIBUTING ACTION Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: S	coat	Motor Vahia	NO CONTRIBUTING		nvestigation officer)			
FRONT Restraint Systems	LEFT	- Cui	NOT APP			Seating Position Unknown			
SHOULDER AND LAP BELT US Air Bag Deployed	ED			Helmet Use					
NOT DEPLOYED Trapped Extrication				Ejection NOT EJECTED					
NOT TRAPPED Injury Severity Level Type	Injury Counsily I are	Deteil							
NON FATAL INJURY Source of Transport to Medical Facility	Injury Severity Leve NON-INCAPACI	TATING (UPPER EXTRE	bvious of Body Area Injured During Crash MITY			
EMS GROUND	EMS Agency Name or ID DECATUR EMS d to Primary or Most Obvious Body Area		EMS Run N 2889A	PAI	ical Facility Transported To NBRIDGE MEDICAL CENTE	R			
Neck and Back	d to Filmary or Most Obvious Body Area	a injurea au	iring Crash. C	an come from EMS / Hosp	oital records).				
_aw Enforcement Suspected Alcohol Us						,			
NO	,			OT GIVEN	Alcohol Test Result	BAC			
aw Enforcement Suspected Drug Use YES	Drug Test Type BLOOD		Drug Teste TEST RE		Drug Test Result				
Violation Type Issued UNIFORM TRAFFIC CITATION	Number E0130254		n Descriptio		OPENDED OF DEVOICE				
UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	E01303253 E01303255	40-6-71	FAILURE T	O YIELD WHILE TUR	SPENDED OR REVOKED NING LEFT				
UNIFORM TRAFFIC CITATION UNIFORM TRAFFIC CITATION	E01303256	16-13-2	(B) POSSES	/DRUGS/LESS SAF SSION OF MARIJUAN	IA (LESS THAN 1 OZ)	8			
DRIVER V02	E01303257	16-13-7	5 DRUGS T	O BE KEPT IN ORIGI	NAL CONTAINER				
Person Type DRIVER irst Name	NM# Vehicle# Pe	rson Type I	Detail						
TAVORIS	Middle Name GREG		Last Name		Suffix	Date of Birth Age Sex 02/20/1989 24 M			
Address 1548 RUCUS RDG	Address Ott	ner			City DONALSONVILLE	02/20/1989			
Phone Number	Phone Number (other)		on at Time of C		, 50 COONVILLE	. 190 199049			

Crash Number C000193695-01	Reporting A	gency A DEPART	MENT OF P	UBLIC	SAFETY	X A TO A T	Reporting Ag C0001936	Reporting Agency Case Number GSPG13CA			AD Number 1982	
Driver License Number 051641216	Class C	Expires 02/20/20	State GA	Juri:	sdiction Typ	e N-CDL DRIVER'S	S LICENSE	Status VALID LICE	NSF			
Drivers License Restrictions 1 NONE			Drivers Lice NONE	ense Re	strictions 2			Drivers License Restrict				
Driver Distracted By NOT DISTRACTED						Driver Vision Obs		11101112	3			
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION							Time of Crash 2	2 (based on judgement of i	investigatio	n officer)		
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgemer	t of investiga	ation officer)				Time of Crash 4	4 (based on judgement of i	investigatio	n officer)		
Motor Vehicle Seating Position: Row FRONT	Motor Ve	ehicle Seatin	g Position: Sea	at	Motor Veh	icle Seating Position				Seating	Position Unknow	wn
Restraint Systems SHOULDER AND LAP BELT USED)					Helmet Use						
Air Bag Deployed NOT DEPLOYED						Ejection NOT EJECTE	D		4			
Trapped Extrication NOT TRAPPED												
Injury Severity Level Type NON FATAL INJURY			everity Level D					Primary or Most Of LOWER EXTRE	bvious of B	ody Area Inju	red During Crash	h
Source of Transport to Medical Facility EMS AIR	AIF	S Agency Na R METHOD)		EMS Run		TALLAHAS	lity Transported To				
Injury Description (Type of injury inflicted t RIGHT ANKLE AND POSSIBLE IN	o Primary or FRNAL B	Most Obviou	us Body Area li	njured o	uring Crash.	Can come from EMS	6 / Hospital reco	ords).				
		LLLDIIIO.										
Law Enforcement Suspected Alcohol Use NO	Alcohol	Test Type			Alcohol	Tested NOT GIVEN		Alcohol Test Result		E	BAC	
Law Enforcement Suspected Drug Use NO	Drug Te	est Type			Drug Te			Drug Test Result				
WITNESS		SAPE OF										
Person Type WITNESS First Name		2000000	ehicle# Pers	on Type				- Automotive and a second				
PENNIE	Middle SHER				Last Na HART	me SFIELD		Suffix		e of Birth 02/1979	Age Sex 33 F	į.
Address 123 BRINSON ST			Address Othe				Ci B	ity RINSON		State 2	Zip Code 39825	
229-246-3315	hone Numbe 229-254-90				ion at Time o							
Driver License Number 071691915	Class C	Expires 12/02/20	State 16 GA	Juris 02	diction Type			Status				
BUSINESS RECORD Business Name												
DOT Address			Address Othe				229-524-5	5760	Phone	Number (othe	,	
734 CRAWFORD STREET			Address Office					ity OONALSONVILLE		State GA	Zip Code 39845	
NON VEHICLE PROPERTY DA	MAGE										23/15/10	
STOP SIGN/DOT Property Linked to Person / Business									Estimated	Damage		
DOT												
NON VEHICLE PROPERTY DA Description of Damaged Property						生就到底			Estimated	Damage		
BUILDING//LISA MCCLENDON//115 Property Linked to Person / Business	GANDY F	IILL ROAD	/BAINBRIDO	E398	17/229-254	-2117			Louinatou	Danlage		_
NADDATIVE: COCCACCCE			NOW IN COLUMN TWO IS NOT THE PARTY.									

NARRATIVE: C000193695

Evidence of this crash investigation indicates the following:

Vehicle #1 was traveling south from GA 310 across GA 38. Vehicle #2 was traveling east on GA 38 west of GA 310. Vehicle #1 entered the eastbound lanes of GA 38 without yielding to traffic. Vehicle #2 struck vehicle #1 in the right side with its front end. After impact, both vehicles traveled east approximately 50 feet leaving the roadway. Vehicle #1 struck a stop sign with its left side causing it to overturn onto its top side. Vehicle #2 continue to push vehicle #1 for approximately 15 feet coming to a uncontrolled final rest. Vehicle #1 then caught fire and completely burned.

Vehicle #1 was removed by Rathel's Wrecker.

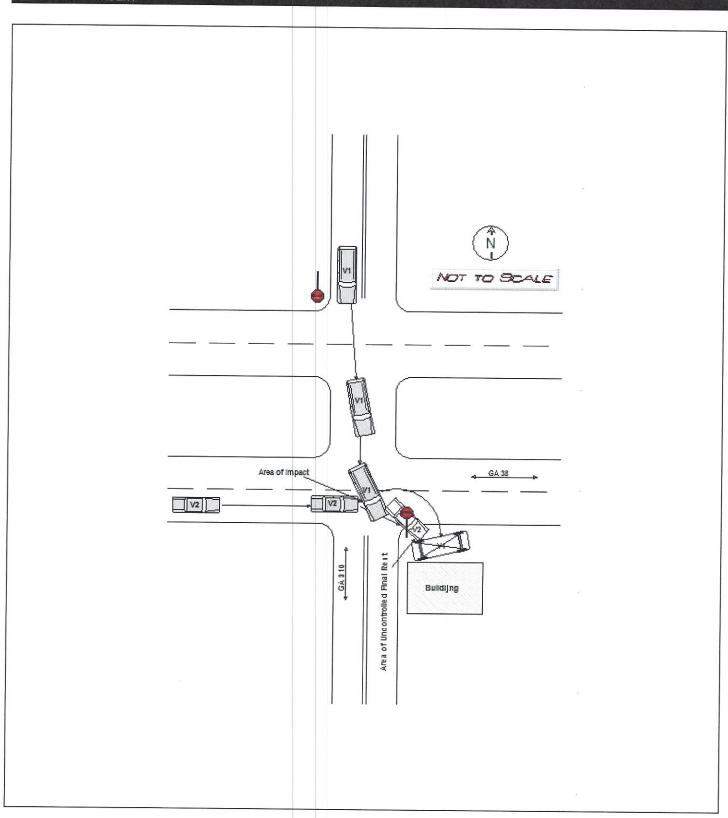
Vehicle #2 was removed by Donalsonville Motors.

This crash was recorded on DVD 913-041-13.

Refer to Incident Report I100121970.

REPORTING OFFICER	APPROVING OFFICER (SUPERVISOR)					
Reporting Officer Name FRETWELL, D. TFC. ID Number Rank 0913 Org / Unit G-14	Approving Officer Name GODBY, C ID Number Rank 0372 SFC Org / Unit G-14 Signature Signature Signature					

DIAGRAM OF ACCIDENT





Crash Number Reporting Agency C000194145-01 GEORGIA DEPART	MENT OF PUBLIC	C SAFETY	R	eporting Agency Case Number C000194145	Reporting Agency CAD Number GSPG13CAD043065
CRASH IDENTIFIERS	NEW NO.				
County of Crash DECATUR City or Place of BRINSON	Crash	✓ City Limits	Crash Date/Time 09/11/2013 08:35 A	Reported Date/Time 09/11/2013 08:4	
On Scene Date/Time Cleared Scene Date/Time 09/11/2013 08:44 AM 09/11/2013 09:30 AM	Complete Date/1 09/11/2013 10	Time 0:06 AM	Reason (if Investiga		Source of Information LAW ENFORCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of Occurrence		不是连接			E WY ENT STOCKMENT / YOUR OT
SR38					.atitude
Intersecting Roadway Description for Location of Occurrence SR 310				Direction from Crash Location	Roadway Cleared Date/Time
Part of National Highway System Roadway Functional Class Typ. YES RURAL Type of Shoulder Roadway Lighting		PI	padway Functional Class RINCIPAL ARTERIA	L-OTHER	•
UNPAVED NO LIGHTING	l N	oadway Bikewa ONE		Signed Bicycle R NOT APPLICA	
STOP SIGNS ON CROSS STREET ONLY	nline Number of Lanes	at Intersection	Side Road Nu	umber of Lanes at Intersection	
CRASH INFORMATION Light Condition Weather Condition					
DAYLIGHT CLEAR First Harmful Event Type			Roadway Surface C DRY		Crash Pictures Taken
COLLISION NON-FIXED OBJECT			First Harmful Event De MOTOR VEHICLE		
2 1	4	0 1	ured Fatalitie	0 1	ner Persons Businesses Violations 0
INTERSECTION-RELATED YES	armful Event within Int	terchange Area	Typi FO	e of Intersection UR-WAY INTERSECTION	
Contributing Circumstances: Environment NONE	Contributing Circur NONE	nstances: Envi	ronment	Contributing Circum	nstances: Environment
Contributing Circumstances: Road NONE	Contributing Circum	nstances: Road	1	Contributing Circun	nstances: Road
School Bus Related NO	Work Zone R	elated		Crash Location in Work Zone	
VEHICLE V01				least supplies that	SALES CONTRACTOR OF THE SALES
V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT Year Make Model		State GA	License Number IR4794	Registration Expires Perm 07/31/2014 Regis	nanent VIN stration 1FUJA6CG24LN09209
2004 FREIGHTLINER CONVENTION	AL C Style		Color WHI	Body Type Category MEDIUM / HEAVY	TRUCKS (MORE THAN 10000 LBS (4536
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Mot NO	tor Vehicle Use		Type of Bus NOT A BU	Use
Owner First Name JOEY Owner Middle Name LYNN	Owner Last N MCMILLAN		Owner Suffix	Owner Business (if not Person	
Address 2255 DOTHAN ROAD	Address Other		<u> </u>	City BAINBRIDGE	State Zip Code GA 39817
Owner Phone Number (ot		ance Company GRESSIVE I	MOUNTAIN INS CO	II	nsurance Policy Number
Vehicle Removal DRIVEN - NOT DISABLED	Vehicl	le Towed By Y MCMILLAN			Wrecker Selection Method
Trailer State License Number Registration Expires Permai One GA TL3U970 05/31/2014 Registr	nent VIN	Yea 19	ar Make	Model LOG TL	Color Length Axles
	Roadway Type DIVIDED HIGHW		Total Lanes Roadwa	ay Horizontal Alignment	TIT Roadway Grade
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER	I BIVIBLE HIGHW	Traffic C	Control Device Type ONTROLS	É LEFT	LEVEL Working Properly
Roadway Description for Vehicle Travel SR 38 @ SR 310		1110 00	NINOLS		
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this veh	nicle)	RIVER LEFT SCENI	Damage Extent (fo	r this vehicle)
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of	of Events Detail (this vehill the INTRANSPO	nicle)	,
2nd Sequence of Events Type (this vehicle) UNKNOWN			of Events Detail (this ve		
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence o	of Events Detail (this vel	hicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	- 4	4th Sequence o	of Events Detail (this veh	nicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	1	Most Harmful E	vent Detail (this vehicle)	
Contributing Circumstances 1 (this vehicle) UNKNOWN		MOTOR VEF	Contributing Circumsta		
Area of Initial Impact	. 1		NONE		12
Non Collision	1,			Most Damaged Area	ZII.
□ тор	1 -1			☐ Non Collision **	
☐ Undercarriage	1 7,			Тор	- (* * - *
Unknown	1/4			Undercarriage	V 1 V V
	** 5			Unknown	14.
Gross Vehicle Weight Rating MORE THAN 26000 LBS (11793 KG) Hazardous Materials Released From Cargo		TRUC	ercial Motor Vehicle Co CK TRACTOR/SEMI-	-TRAILER	Account of the second of the s
Hazardous Materials Released From Cargo NO	Haz NO	ardous Materia	ls Placard Pl	acard Hazardous Material Numb	per Placard Hazard Class Number

	Reporting Agency GEORGIA DEPARTME	NT OF PUBL	IC SAFETY		Reporting A	gency Case Number	Reporting Agenc	y CAD Number 043065
Motor Carrier Name J S AND A TRUCKIN		Description Victoria		US DOT 204102	Number	Motor Carr		er State Number
Address 2255 DOTHAN ROAD		ddress Other		204102		City BAINBRIDGE	State GA	Zip Code 39817
	ource of Information	W				Motor Carrier Commerci INTERSTATE CARR	al / Non-Commercial	139017
	erson Name (First Midd IGUEL FLORES	dle Last Suffix)				njury Status NO INJURY(O)		
VEHICLE V02 Motor Vehicle Type			State	Il iconso Numbo				NA CONTRACT
Year Make	NSPORT Model	Styl	GA	License Number BWH3422	11/09/2	ion Expires Permar 013 Registra Body Type Category		V02CB00369
2002 FORD Special Function of Motor Vehicle in Transp	LGT CONVTNL 'F ort	TK		GI		PICKUP Type of Bus Us	^	
NO SPECIAL FUNCTION Owner First Name Owner	Middle Name	NO Owner Last		Owner S	ouffix TOwner F	NOT A BUS		
Address	NOR A	POWELL .		- Towner of			State	Zip Code
259 N HODGES ST Owner Phone Number Ox	wner Phone Number (other		rance Company			City BRINSON Inst	Irance Policy Number	39825-1771
Vehicle Removal DRIVEN - NOT DISABLED			FARM BURE cle Towed By	:AU		AC	V23649210106 Wrecker Selection Me	ethod
Direction of Travel Before Crash WESTBOUND Speed		padway Type	0/07/	Total Lanes R	oadway Horizon	tal Alignment	Roadway Grade	000,000 (44)
Trafficway Description TWO-WAY DIVIDED POSITIVE MED	00 15	IVIDED HIGHV	Traffic		URVÉ LEFT De	200-20	LEVEL Working Pro	operly
Roadway Description for Vehicle Travel SR 38 AT SR 310			INOC	ONTROLS				
Vehicle Maneuver Action (by this vehicle) TURNING RIGHT	Hit NO	& Run (by this ve D DID NOT LE	ehicle) AVE SCENE	William Ch. Mar. Agence Julian	***************************************	Damage Extent (for the FUNCTIONAL DA	nis vehicle)	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT			1st Sequence	of Events Detail (the HICLE IN TRAN	nis vehicle) ISPORT	TO ONO HOUNE BY	IVIAGE	
2nd Sequence of Events Type (this vehicle) UNKNOWN				of Events Detail (
3rd Sequence of Events Type (this vehicle) UNKNOWN			3rd Sequence	of Events Detail (t	his vehicle)			
4th Sequence of Events Type (this vehicle) UNKNOWN			4th Sequence	of Events Detail (t	nis vehicle)	The section of the section	The state of the s	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT			Most Harmful MOTOR VE	Event Detail (this v HICLE IN TRAN	ehicle) ISPORT			
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circ NONE	umstances 2 (thi	s vehicle)		
Area of Initial Impa	ct "T"				Most E	Damaged Area	12	
Non Collision	*	3			□ N	Non Collision **/	A	
Тор		3			П Т	ор •	"T: -,	
☐ Undercarriage		J.			□ u	Indercarriage	21:17	
☐ Unknown	No.					Jnknown		
	rson Name (First Middle RDY GAYNOR POWE					ury Status	-	10
PASSENGER DA	NNY GENE EARP BERT LEE BELL				NO	O INJURY(O) O INJURY(O)		
DRIVER V01	BENT EEL BELL				N(O INJURY(O)		
DRIVER First Name	NM# Vehicle V01	e# Person Type			Control of the control			
MIGUEL Address		Irona Othar	Last Nam FLORE			Suffix	Date of Birth 01/14/1979	Age Sex 34 M
132 RUTH DR	ne Number (other)	fress Other	tion at Time of	Crach	Cit B	ty AINBRIDGE	State GA	Zip Code 39817
Driver License Number Ci	ass Expires	APP	ARENTLY No			Status		
056857717 A		GA 02	СОМ	MERCIAL DRIV	ER LICENSE	(CDL) VALID LICE	NSE	
N-TANK VEHICLE Drivers License Restrictions 1	Dr	ivers License Res	strictions 2			Drivers License Restrict	nd Driver ReExam	
NONE Driver Distracted By		ONE		Driver Vision Obs	tructions	NONE	ions 3	
UNKNOWN Driver Actions at Time of Crash 1 (based on ju	udgement of investigation of	officer)		VISION NOT C	BSCURED	(based on judgement of	investigation officer\	
FAILED TO KEEP IN PROPER LANE Driver Actions at Time of Crash 3 (based on ju	udgement of investigation of	officer)		NO CONTRIB	JIING ACTIO	(based on judgement of		
Motor Vehicle Seating Position: Row	Motor Vehicle Seating Pos		Motor Vehicle	NO CONTRIBLE Seating Position:	JIING ACTIO	N		
Restraint Systems	LEFT		NOT APPL	ICABLE Helmet Use			Seating	g Position Unknown
SHOULDER AND LAP BELT USED if Bag Deployed				Ejection				
NOT DEPLOYED rapped Extrication NOT TRAPPED				NOT EJECTED				
not TRAPPED njury Severity Level Type NO INJURY(O)	Injury Severit	y Level Detail				Primary or Most O	ovious of Body Area Inj	ured During Crash
ource of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or	· ID	EMS Run Nu	ımber	Medical Facility	y Transported To		- 24 Suning Ordoll
aw Enforcement Suspected Alcohol Use	Alcohol Test Type		Alcohol Tes			Alcohol Test Result		BAC
aw Enforcement Suspected Drug Use	Drug Test Type		Drug Teste	OT GIVEN	W	Drug Test Result		
			LIESTNO	OT GIVEN		988		

Crash Number C000194145-01	Reporting Agend GEORGIA DE	Cy E PARTMENT O I	PUBLIC	SAFETY		Reporting Age C00019414	ency Case Number	Reporting Agency GSPG13CAD0	CAD Numbe	er
DRIVER V02	C-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1									
Person Type DRIVER First Name	Middle Nam	V02	Person Typ			- Addison				
HARDY Address	GAYNOR	?		Last Nai POWE			Suffix	Date of Birth 11/09/1959	Age 53	Sex M
Phone Number	Dhone Number (e	Address				C B	ity RINSON	State GA	Zip Code 39825	
	Phone Number (o		APF	dition at Time of PARENTLY N				*		
Driver License Number 055906056		pires Sta 1/09/2013 GA	02		I-CDL DRIVER	S LICENSE	Status VALID LICEI	NSE		
Drivers License Restrictions 1 NONE		Drivers NONE	License Re	estrictions 2			Drivers License Restricti NONE	ons 3		
Driver Distracted By NOT DISTRACTED					Driver Vision Ol VISION NOT	bstructions OBSCURED				
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION					Driver Actions a	at Time of Crash 2 BUTING ACTIO	(based on judgement of i	nvestigation officer)		
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement of ir	nvestigation officer)		Driver Actions a		(based on judgement of i	nvestigation officer)		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle LEFT	Seating Position:	Seat	Motor Vehic	le Seating Position			Seatin	g Position U	Inknown
Restraint Systems SHOULDER AND LAP BELT USED)			11101711	Helmet Use					
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTE	=D				
Trapped Extrication NOT TRAPPED					I NOT EJECTE	=U				
Injury Severity Level Type NO INJURY(O)		njury Severity Leve	el Detail				Primary or Most Ob	ovious of Body Area In	jured During	Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Age	ency Name or ID		EMS Run N	lumber	Medical Facili	ty Transported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test	Туре	_	Alcohol Te			Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use	Drug Test Ty	ре		Drug Test			Drug Test Result			
PASSENGER V02	10 50 100 100			TEST N	OT GIVEN					
Person Type PASSENGER	NM#	Vehicle# P V02	erson Type	e Detail						
First Name DANNY	Middle Name GENE			Last Nam EARP	е		Suffix	Date of Birth	Age 50	Sex
Address 2675 YATES SPRING RD	32.112	Address C	ther	LAKI	-	Cit	y RINSON	05/21/1963 State	Zip Code	M
	Phone Number (ot	her)	Condi	tion at Time of	Crash	IBI	RINSON	GA	39825	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle RIGHT	Seating Position: S		Control of the Contro	e Seating Position	n: Other		Seating	Position U	nknown
Restraint Systems SHOULDER AND LAP BELT USED				INOTAFF	Helmet Use				T COMOT OF	IIIIIII
Air Bag Deployed NOT DEPLOYED					Ejection					
Trapped Extrication NOT TRAPPED					NOT EJECTE	:D				
Injury Severity Level Type	Ir	njury Severity Leve	l Detail				Primary or Most Ob	vious of Body Area Inj	ured During	Crash
NO INJURY(O) Source of Transport to Medical Facility	EMS Age	ncy Name or ID		EMS Run N	umber	Medical Facilit	y Transported To	,		-
NOT TRANSPORTED Law Enforcement Suspected Alcohol Use	Alcohol Test	Туре		Alcohol Te	sted		Alcohol Test Result		BAC	
NO Law Enforcement Suspected Drug Use	Drug Test Typ	oe .		TEST NO	OT GIVEN		Drug Test Result			
PASSENGER V02			(1) (1)		OT GIVEN		Drug Test Nesult	10		
Person Type PASSENGER	NM#	Vehicle# Pe	erson Type	Detail						
First Name ROBERT	Middle Name	V02		Last Nam	Э		Suffix	Date of Birth	Age 40	Sex
Address 1074 ZORN ROAD		Address Of	her	BELL		City		05/07/1973 State	Zip Code	M
	hone Number (oth	ner)	Condit	ion at Time of (Crash	[BA	INBRIDGE	GA	39817	
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle S	Seating Position: S	eat	Motor Vehicle	Seating Position	: Other		∏ Saatina	Position Un	
Restraint Systems SHOULDER AND LAP BELT USED	TKIGITI			NOT APPL	Helmet Use		100	Seating	Position on	iknown
Air Bag Deployed					Ejection					
NOT DEPLOYED Trapped Extrication					NOT EJECTE	D				
NOT TRAPPED njury Severity Level Type	In	jury Severity Level	Detail				Primary or Most Oby	ious of Body Area Inju	rod During (Crook
NO INJURY(O) Source of Transport to Medical Facility	EMS Agen	ncy Name or ID		EMS Run Nu	mber	Medical Facility	Transported To	lous of body Area Inju	Ted During (JIdSII
NOT TRANSPORTED aw Enforcement Suspected Alcohol Use	Alcohol Test T			Alcohol Tes				·	240	
NO aw Enforcement Suspected Drug Use	Drug Test Typ			TEST NO	T GIVEN		Alcohol Test Result		BAC	
NO				TEST NO			Drug Test Result			
WITNESS Person Type WITNESS	NM#	Vehicle# Pe	rson Type	Detail						
First Name EARNEST	Middle Name			Last Name	(Suffix	Date of Birth	Age	Sex
Address 5511 WILL TRAWICK RD	PAUL	Address Oth	ner	READ		City		06/15/1988	Age 25 Zip Code	M
	none Number (other	er)		on at Time of C		LIRC	ON CITY	GA	39859	
			IAPPA	RENTLY NO	KIVIAL					- 1

Crash Number Reporting Agency Case Number C000194145-01 Reporting Agency CAD Number C000194145 Reporting Agency CAD Number C000194145 Reporting Agency CAD Number C000194145

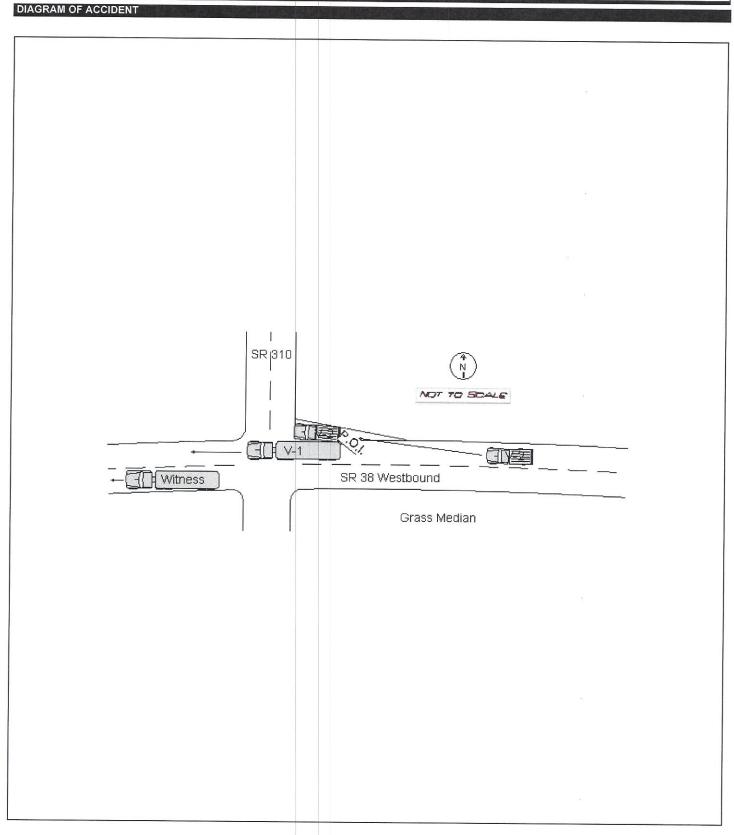
NARRATIVE: C000194145

Vehicle #1 and vehicle #2 were traveling west on SR 38. The witness vehicle was directly behind vehicle #2. Witness vehicle changed into the inside westbound lane. Vehicle #2 was attempting to turn right onto SR 310. Vehicle #1 struck vehicle #2 in the left side with right rear of the trailer. The driver of vehicle #1 stated that he did not see vehicle #2 because it was in his blind spot. The driver of vehicle #1 continued west on SR 38 into Seminole County. The driver of vehicle #2 followed until he was able to get him to pull over. Investigating Trooper returned to the area of impact and located the mirror that was removed from vehicle #2 during the crash. The mirror was laying in the roadway at the area of impact.

Note: The driver of vehicle #1 had a valid warrant for his arrest and was transported to Decatur County by Seminole County Sheriff's Office.

Crash scene recorded on DVD 372-019-13.

		REPORTING OFFICER		APPRO	VING OFFICER (SUPERVISOR)
Reporting Office GODBY, C ID Number 0372	Rank SFC	Signature	· · · · · · · · · · · · · · · · · · ·	Approving Officer Name JONES, K. ID Number Rank	Signature HT16
Org / Unit G-14	010	SK CAR-LANG	7372	Off CORPORAL Org / Unit G-14	AP Yours





Crash Number Reporting Agency C000170998-01 GEORGIA DEPARTMENT OF PU	BLIC SAFETY	Reporting Agency Cas C000170998	Reporting Agency CAD Number GSPG13CAD044582
CRASH IDENTIFIERS			
County of Crash DECATUR City or Place of Crash			d Date/Time
	Date/Time 13 05:43 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of Occurrence		I Diotones to City or Disease Com	
SR38 ŚR310 Intersecting Roadway Description for Location of Occurrence		Distance to City or Place of Cras Distance / Direction from Crash	N 30 58 14.71 W 84 43 59.56
Part of National Highway System Roadway Functional Class Type	IRoa	dway Functional Class Detail	Location Roadway Blocked Roadway Cleared Date/Time
YES RURAL Type of Shoulder Roadway Lighting	MA. Roadway Bikeway	JOŘ COLLECTOR	d Diguala Dauta
UNPAVED NO LIGHTING Traffic Control Type at Intersection Mainline Number of I	NONE		d Bicycle Route APPLICABLE
NO CONTROL CRASH INFORMATION		Oldo Froda Harriber of Earles at IIII	ei Secutifi
Light Condition Weather Condition		Roadway Surface Condition	
DAYLIGHT CLOUDY First Harmful Event Type	T.	WET First Harmful Event Detail	Crash Pictures Taken
COLLISION NON-FIXED OBJECT Total Counts Vehicles CMV Motorists N	Non-Motorists Injure	MOTOR VEHICLE IN TRANSPORT Fatalities Witnesses	101p. 15
2 0 4	0 2	4 0	Other Persons Businesses Violations 0
INTERSECTION NO	- CONT	Type of Intersection FOUR-WAY INTERS	
NONE	Dircumstances: Enviror	NONE	
NONE	Dircumstances: Road	Contribu NONE	uting Circumstances: Road
School Bus Related Work Zo NO NO	ne Related	Crash Location in Wo	ork Zone ·
VEHICLE V01		TO ALL THE TOTAL SER	
Wotor Vehicle Type MoTOR VEHICLE IN TRANSPORT Year Make Model	GA E	icense Number Registration Expires 06/19/2014	Registration 5FNYF28176B050432
2006 HONDA PILOT	Style MP	Color Body Type (SPORT)	Category UTILITY VEHICLE
NO SPECIAL FUNCTION NO	y Motor Vehicle Use		/pe of Bus Use OT A BUS
HELEN YATES KING	ast Name	Owner Suffix Owner Business (if	
Address Other 231 YATES RD		City BRINSON	State Zip Code GA 39825-1947
229-246-4710 229-220-5909	nsurance Company FARM BUREAU		Insurance Policy Number APV2503863-03-05
TOWED DUE TO DISABLING DAMAGE	/ehicle Towed By JIMMYS		Wrecker Selection Method ROTATION
Direction of Travel Before Crash NORTHBOUND Speed: Estimated Posted Roadway Type Speed: 55 UNDIVIDED	HIGHWAY	Total Lanes Roadway Horizontal Alignme	
TWO-WAY NOT DIVIDED		ntrol Device Type	Working Properly YES
Roadway Description for Vehicle Travel SR38 SR310			1123
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD Hit & Run (by th NO DID NOT	is vehicle) LEAVE SCENE		e Extent (for this vehicle) BLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of	Events Detail (this vehicle) CLE IN TRANSPORT	EINO BAINAGE
2nd Sequence of Events Type (this vehicle) UNKNOWN		Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of	Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of I	Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle)		ent Detail (this vehicle)	'
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle)		CLE IN TRANSPORT ontributing Circumstances 2 (this vehicle)	
NONE 12		IONE	44
Area of Initial Impact		Most Damaged A	Area "
☐ Non Collision		Non Collisio	on ** - 4 - 2
☐ Top		□ Тор	1 1 1
Undercarriage		Undercarria	age T
□ Unknown		Unknown	7
Occupant Type Person Name (First Middle Last Suffi DRIVER HELEN YATES KING	×)	Injury Statu	
VEHICLE V02		NON FATA	AL INJURY
Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	FL K	cense Number Registration Expires 02/02/2014	Permanent Registration 1FMDU62K43UA68981
2003 FORD EXPLORER	Style UT	Color Body Type C	
Special Function of Motor Vehicle in Transport Emergency NO SPECIAL FUNCTION NO	Motor Vehicle Use	Typ	pe of Bus Use

Crash Number C000170998-01	Reporting Agency GEORGIA DEPAR	TMENT OF PUBLI	C SAFETY	Repo C00	orting Agency Case Number	Reporting Agency CAD Number GSPG13CAD044582
	Owner Middle Name MARIE	Owner Last	Name	Owner Suffix	Owner Business (if not Person)	001 0100/10044302
Address PO BOX 95	WANE	Address Other			City	State Zip Code
Owner Phone Number 229-220-1055	Owner Phone Number (rance Compar	у	IRON CITY Insu	rance Policy Number
Vehicle Removal TOWED DUE TO DISABLING D	AMACE	Vehi	TE FARM cle Towed By		C18	3-5225-F20-59-0 Wrecker Selection Method
Direction of Travel Before Crash	Estimated Posted	Roadway Type		LE MOTOR COMPANY Total Lanes Roadway	Horizontal Alignment	OWNER REQUEST Roadway Grade
Trafficway Description TWO-WAY DIVIDED POSITIVE		DIVIDÉD HIGHV	Traffic	CONTROL Device Type	LEFT	LEVEL Working Properly
Roadway Description for Vehicle Travel SR38 SR310	BILLIAN BARRIER		INO	CONTROLS		,,,
Vehicle Maneuver Action (by this vehicle MOVEMENTS ESSENTIALLY STATES	le) TRAIGHT AHEAD	Hit & Run (by this ve	ehicle)		Damage Extent (for the	is vehicle)
1st Sequence of Events Type (this veh COLLISION NON-FIXED OBJEC	icle)	ING DID NOT LEA	1st Sequence	of Events Detail (this vehic	DISABLING DAMA	GE
2nd Sequence of Events Type (this veh COLLISION WITH FIXED OBJEC	nicle)		2nd Sequenc	EHICLE IN TRANSPOR e of Events Detail (this vehic	cle)	
3rd Sequence of Events Type (this veh COLLISION WITH FIXED OBJEC	icle)		3rd Sequence	OST POLE OR SUPPOR of Events Detail (this vehice		
4th Sequence of Events Type (this vehi			FENCE 4th Sequence	of Events Detail (this vehic	le)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJEC	-		Most Harmful	Event Detail (this vehicle)		
Contributing Circumstances 1 (this vehi			MOTOR VE	Contributing Circumstance		
NONE	12			NONE	(mile remails)	
Area of Initial	/ ·	1 ,			Most Damaged Area	
☐ Non Col	Ilsion /	1 7			☐ Non Collision *	ZA! \\
☐ Top☐ Underca	•	* 7			Тор	1 1
	• \	1/4			Undercarriage	
☐ Unknow	n ,	304 8			☐ Unknown	
Occupant Type DRIVER	Person Name (First M GERALDINE MARIE	iddle Last Suffix)			Injury Status	
PASSENGER PASSENGER	ALEIGH HAMILTON JOSHUA HAMILTON	(IDD			NON FATAL INJURY NON FATAL INJURY	
DRIVER V01	300H0A HAMILTON				NON FATAL INJURY	
Person Type DRIVER		ehicle# Person Type 01	e Detail			
First Name HELEN	Middle Name YATES		Last Nar KING	me	Suffix	Date of Birth Age Sex 06/19/1942 71 F
Address 231 YATES RD Phone Number	IDhana Marahar (aller)	Address Other			City BRINSON	State Zip Code GA 39825
229-246-4710 Driver License Number	Phone Number (other) 229-220-5909	APP	tion at Time of ARENTLY N	Crash ORMAL		
054405459 Drivers License Restrictions 1	Class Expires 06/19/20	18 GA 02		I-CDL DRIVER'S LICEN	Status VALID LICEN	NSE
NONE Driver Distracted By		Drivers License Res NONE	strictions 2		Drivers License Restriction	ons 3
NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCUR	RED	el .
Driver Actions at Time of Crash 1 (based FAILED TO YIELD RIGHT-OF-W/	λY			Driver Actions at Time of C NO CONTRIBUTING	Crash 2 (based on judgement of in ACTION	nvestigation officer)
NO CONTRIBUTING ACTION		S. N. S.		Driver Actions at Time of C NO CONTRIBUTING	Crash 4 (based on judgement of in ACTION	nvestigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating LEFT	Position: Seat	Motor Vehic NOT APP	le Seating Position: Other LICABLE		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USE	D			Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED		
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NON FATAL INJURY	NON-IN	verity Level Detail NCAPACITATING (B)		Primary or Most Ob THORAX (CHES	vious of Body Area Injured During Crash
Source of Transport to Medical Facility OTHER	EMS Agency Nar		EMS Run N		al Facility Transported To BRIDGE	/1/
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Te		Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Test		Drug Test Result	
DRIVER V02				Late A State W		Walling to the state of the
Person Type DRIVER First Name	NM# Vei	nicle# Person Type 12				
GERALDINE Address	MARIE	Address Off	Last Nam KIDD	е	Suffix	Date of Birth Age Sex 02/02/1962 51 F
Phone Number	Phone Number (other)	Address Other	an of Time	2	City IRON CITY	State Zip Code GA 39859
229-220-1055 Driver License Number		APPA	on at Time of ORENTLY NO	DRMAL		
K300293625421 Drivers License Restrictions 1	Class Expires 02/02/202		NON-	CDL DRIVER'S LICENS	THE BIOLIT	
NONE Driver Distracted By		Drivers License Rest NONE	rictions 2		Drivers License Restriction NONE	ns 3
NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCUR		
Oriver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement of investigation	on officer)		Driver Actions at Time of Cr NO CONTRIBUTING A	ash 2 (based on judgement of inv	vestigation officer)

Crash Number C000170998-01	Reporting Agency GEORGIA DEPARTMENT OF PU	JBLIC	SAFETY		Reporting Agency Case Number C000170998	Reporting Agency CAD Number GSPG13CAD044582
Driver Actions at Time of Crash 3 (based o NO CONTRIBUTING ACTION	n judgement of investigation officer)			Driver Actions a	t Time of Crash 4 (based on judgement of BUTING ACTION	investigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Sea LEFT	it	Motor Vehic	le Seating Positio		Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED	ILEFI		NOT APP	Helmet Use		Seating Position Officiowin
Air Bag Deployed				Ejection		
NOT DEPLOYED Trapped Extrication				NOT EJECTE	ED .	
TRAPPED & EXTRICATED Injury Severity Level Type	Injury Severity Level D	etail			Primary or Most C	Obvious of Body Area Injured During Crash
NON FATAL INJURY Source of Transport to Medical Facility	NON-INCAPACITA EMS Agency Name or ID	TING	(B) EMS Run N	lumbar	FACE	bollous of Body Area Injured During Crash
EMS GROUND Law Enforcement Suspected Alcohol Use	DECĂTUŔ		001		Medical Facility Transported To DONALSONVILLE	
NO .	Alcohol Test Type			OT GIVEN	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Test	ed OT GIVEN	Drug Test Result	
PASSENGER V02 Person Type	NM# Vehicle# Perso	on Type	Detail			
PASSENGER First Name	Middle Name	эн туре	Last Nan	20	10.45.	ID-tt- (Ditt
ALEIGH Address			HAMIL		Suffix	Date of Birth Age Sex F
3035 AMES ST	Address Othe		ion at Time of	0	City PUNTA GORDA	State Zip Code FL 33950
Motor Vehicle Seating Position: Row	90 000 000 000 000 000 000 000 000 000	APPA	ARENTLY N	ORMAL		
FRONT	Motor Vehicle Seating Position: Sea RIGHT		NOT APP		n: Other	Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTE	D	
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level De NON-INCAPACITA	etail TING (B)		Primary or Most O	bvious of Body Area Injured During Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID DECATUR		EMS Run N	umber	Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Te		DONALSONVILLE Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use	Drug Test Type		Drug Test		Drug Test Result	
PASSENGER V02			TEST N	OT GIVEN		
Person Type PASSENGER	NM# Vehicle# Perso	n Type	Detail			
First Name JOSHUA	Middle Name		Last Nam		Suffix	Date of Birth Age Sex 6 M
Address 3025 AMES ST	Address Other				City PUNTA GORDA	State Zip Code
	one Number (other)		on at Time of		TEGINTA GORDA	FL 33950
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat MIDDLE			e Seating Position	: Other	Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED	1		INOTATE	Helmet Use		
Air Bag Deployed NOT DEPLOYED				Ejection	_	
Trapped Extrication NOT TRAPPED				NOT EJECTE	D	
Injury Severity Level Type	Injury Severity Level De				Primary or Most Ob	ovious of Body Area Injured During Crash
NON FATAL INJURY Source of Transport to Medical Facility	NON-INCAPACITAT	ING (I	B) EMS Run Ni	ımber	UNSPECIFIED Medical Facility Transported To	, , , , , , , , , , , , , , , , , , , ,
EMS GROUND Law Enforcement Suspected Alcohol Use	Alcohol Test Type		001 Alcohol Te		DONALSONVILLE Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type			OT GIVEN	Drug Test Result	BAO
NO				OT GIVEN	Diag rest Result	
PROPERTY OWNER Person Type PROPERTY OWNER	NM# Vehicle# Person	n Type	Detail		DNS-1820年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月18日 1880年3月	
PROPERTY OWNER First Name	Middle Name		Last Nam		Suffix	Date of Birth Age Sex
DANA Address	Address Other		GRIFFI	1	City	State Zip Code
101 OLD BAINBRIDGE RD Phone Number Phone Number			on at Time of 0		BŔINSON	GA 39825
229-220-6151 BUSINESS RECORD		APPA	RENTLY NO	RMAL		
Business Name CITY OF BRINSON				Edity (1995)	Phone Number	Phone Number (other)
Address GA 310	Address Other				229-220-4453 City RPINSON	State Zip Code
NON VEHICLE PROPERTY DAM	AGE				BRINSON	GA 39825
Description of Damaged Property FENCE			THE PROPERTY.			Estimated Damage
Property Linked to Person / Business Griffin, Dana						
NON VEHICLE PROPERTY DAM	IAGE	Rate				
Description of Damaged Property CITY OF BRINSON SIGN						Estimated Damage
Property Linked to Person / Business CITY OF BRINSON					And the second s	
NARRATIVE: C000170998		a Sual				

Crash Number Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY Reporting Agency Case Number GSPG13CAD044582

Vehicle # 1 was traveling north on GA 310 at GA 38. Vehicle # 2 was traveling west in the outside lane on GA 38 approaching the intersection of GA 310. Vehicle # 1 stopped at the stop sign at the intersection of GA 38. After stopping, Vehicle # 1 entered the intersection traveling north. Vehicle # 1 failed to yield to Vehicle # 2. The front of Vehicle # 1 struck the left side of Vehicle # 2. After impact, Vehicle # 2 traveled off the north shoulder of the road, striking the City of Brinson sign and a fence. After impact, Vehicle # 1 came to final rest

DVD # 551-028-2013

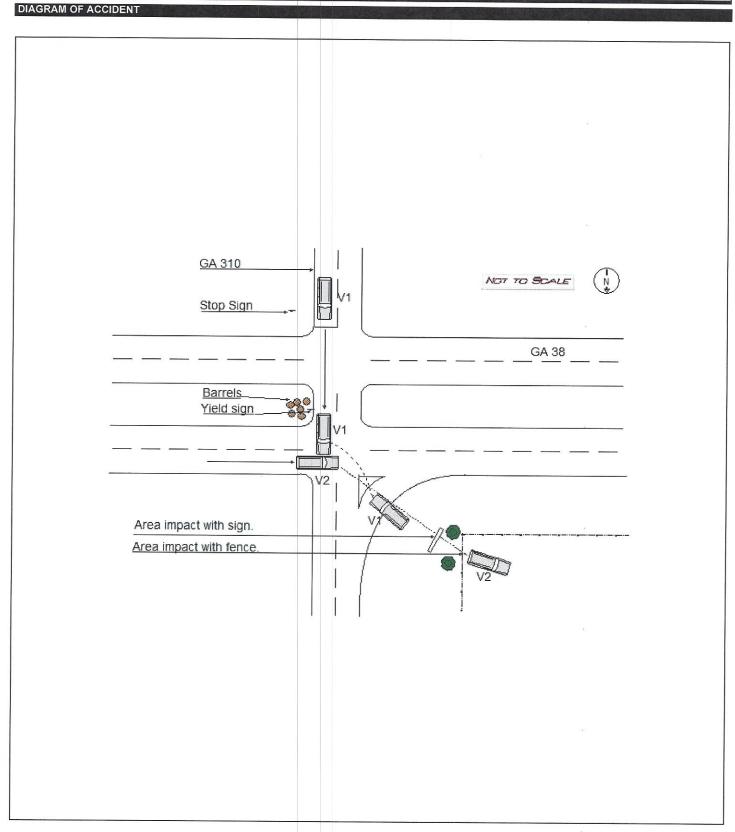
REPORTING OFFICER

Reporting Officer Name
VANLANDINGHAM JR, J.

ID Number Rank
0351 SERGEANT
Org / Unit
G-14

REPORTING OFFICER
APPROVING OFFICER (SUPERVISOR)

Approving Officer Name
GODBY, C
ID Number Rank
0372 SFC
Org / Unit
G-14





Crash Number Reporting Age C000207280-01 GEORGIA D	ncy PEPARTMENT OF PUBL	LIC SAFETY	R	eporting Agency Case Nun C000207280		Agency CAD Number 3CAD057984
CRASH IDENTIFIERS County of Crash City or						
DECATUR BRINS		LT	Crash Date/Time 12/01/2013 11:38 A		11:40 AM 12	spatched Date/Time 2/01/2013 11:41 AM
On Scene Date/Time 12/01/2013 12:00 PM Cleared Scene Date/12/01/2013 02:30	Fime Complete Date 12/03/2013 (e/Time 01:00 PM	Reason (if Investiga	ation Not Complete)	Source of Info	rmation RCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of Occurrence			Distance to	City or Place of Crash		
GA 38 Intersecting Roadway Description for Location of Occurrent	nce			Direction from Crash Location	N 30 58 15.74	
GA 310 Part of National Highway System Roadway Functional C	99 CO CO CO	IRo	adway Functional Class		Roadway Ro Blocked	padway Cleared Date/Time
YES RURAL Type of Shoulder Roadway Lighting		PF Roadway Bikeway	RINCIPAL ARTERIA	L-OTHER	rela Pauta	
PAVED NO LIGHTING Traffic Control Type at Intersection	Mainline Number of Lane	NONE		Signed Bicy NOT APP umber of Lanes at Intersecti	LICABLE	
CRASH INFORMATION		ioo di miorocollon	olde Road No	arriber of Laries at Ilitersecti	IOII	
Light Condition Weather	Condition		Roadway Surface C	condition		
DAYLIGHT CLEAR First Harmful Event Type			DRY First Harmful Event D			✓ Crash Pictures Taken
COLLISION NON-FIXED OBJECT Total Counts Vehicles CMV	Motorists Non-	n-Motorists Inju	MOTOR VEHICLE		Nou a No	16
Total Counts 2 0	5	0 1	5	0 0	Other Persons Bus	violations 1
NON-JUNCTION	s First Harmful Event within I NO		FÖ	e of Intersection UR-WAY INTERSECTI	ON	
Contributing Circumstances: Environment NONE	Contributing Circl NONE	cumstances: Envir	onment	Contributing C NONE	circumstances: Environn	nent
Contributing Circumstances: Road NONE	Contributing Circl NONE	cumstances: Road		Contributing C	ircumstances: Road	
School Bus Related NO	Work Zone NO	Related		Crash Location in Work Zo	ne	
VEHICLE V01						
V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State GA	License Number PGV5866	Registration Expires 01/31/2014	Permanent VIN Registration 1A4G	SP45R36B690469
	& COUNTRY Styl	vle N	Color BLU	Body Type Categ PASSENGER	ory	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency M NO	Notor Vehicle Use		Type of NOT A	Bus Use BUS	
Owner First Name Owner Middle Name	Owner Last	Name	Owner Suffix	Owner Business (if not P BRINSON COMMUN	erson)	THE RESIDENCE OF THE PARTY OF T
Address 549 BRINSON COLQUITT RD	Address Other			City		State Zip Code GA 39825-1709
Owner Phone Number Owner Phone Nu		urance Company DUNTRY FINAN	ICIAL	T STATE OF THE STA	Insurance Policy Nu G10A5361102	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		nicle Towed By ERS			Wrecker Select ROTATION	ction Method
Direction of Travel Before Crash NORTHBOUND Speed:			Total Lanes Roadwa	ay Horizontal Alignment	Roadway G	rade
Trafficway Description TWO-WAY NOT DIVIDED	70 10101010	Traffic C STOP	ontrol Device Type	10111		king Properly
Roadway Description for Vehicle Travel GA 310		10101	51014			
Vehicle Maneuver Action (by this vehicle) ENTERING TRAFFIC LANE	Hit & Run (by this ve	rehicle)			nt (for this vehicle)	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	THO DID NOT EL	1st Sequence o	f Events Detail (this vel	DISABLING	DANIAGE	
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		2nd Sequence of	ICLE IN TRANSPO of Events Detail (this ve	ehicle)	Manual III	
3rd Sequence of Events Type (this vehicle)			T POLE OR SUPPO f Events Detail (this ve		MANAGEMENT AND A STATE OF THE S	
UNKNOWN 4th Sequence of Events Type (this vehicle)		4th Sequence o	f Events Detail (this vel	hicle)		
UNKNOWN Most Harmful Event Type (this vehicle)		Most Harmful E	vent Detail (this vehicle	,		
COLLISION NON-FIXED OBJECT Contributing Circumstances 1 (this vehicle)		MOTOR VEH	ICLE IN TRANSPO Contributing Circumsta	ŔŢ		
NONE	12		NONE	inces 2 (this vehicle)		West and the second
Area of Initial Impact				Most Damaged Area	" (2	
☐ Non Collision **	□ ▲ ! ^'			Non Collision	10	/,
□ Тор				Тор	. T.	1,
☐ Undercarriage	11:17.			Undercarriage	+:1:	7.
Unknown	1.			Unknown	· \\(\(\)	y *
Occupant Type Person Name (I	First Middle Last Suffix)			Injury Status	4	
DRIVER LISA ANN WILL PASSENGER FLANDERS WA	LIAMS			NON FATAL INJ		
VEHICLE V02	MANCIN			NON FATAL INJ	IUKY	3.05 N. O. S. C.
V02 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State I	Icense Number ADHY46	Registration Expires 08/23/2013	rermanent VIN 1FMN	U40L45EA84454
Year Make Model 2005 FORD EXCURS	SION Style		Color	Body Type Catego (SPORT) UTILI	ry	O-702702707404

Crash Number C000207280-01	Reporting Agency GEORGIA DEPART	MENT OF PU	JBLIC	SAFETY	Reporting Agency C000207280	Case Number	Reporting Agency CAD Number GSPG13CAD057984	
Special Function of Motor Vehicle in TNO SPECIAL FUNCTION	Fransport	nsport Emergency Motor Ve NO		or Vehicle Use		Type of Bus Use NOT A BUS		
Owner First Name BILL	Owner Middle Name	Owner HEND	ERSC		wner Suffix Owner Busin	ess (if not Person)	THE RESIDENCE OF THE PARTY OF T	
Address 760 E BROCK AVE Owner Phone Number	Owner Dhara North of	Address Othe			City BON	IIFAY	State Zip Code FL 32425	
Vehicle Removal	Owner Phone Number (c	ther)	GEIC			43065	nce Policy Number 564933	
TOWED DUE TO DISABLING D	The same of the sa	To	MYE	The same of the sa		F	Vrecker Selection Method ROTATION	
Direction of Travel Before Crash WESTBOUND Trafficway Description	Estimated Posted Speed: 65	Roadway Type DIVIDED HI	e GHW/		CURVÉ LEFT	lignment	Roadway Grade LEVEL	
TWO-WAY DIVIDED UNPROTE Roadway Description for Vehicle Trav		ET) MEDIAN		Traffic Control Dev	S Type		Working Properly	
GA 38 Vehicle Maneuver Action (by this vehi		Hit & Run (by t	his veh	icle)	In	amage Extent (for this	vohialo)	
NEGOTIATING A CURVE 1st Sequence of Events Type (this vel	hicle)	Hit & Run (by t NO DID NO		VE SCENE Ist Sequence of Events D		ISABLING DAMAG	iE.	
2nd Sequence of Events Type (this ve	CT ehicle)	Terranius and the second and the sec		MOTOR VEHICLE IN 2nd Sequence of Events	TRANSPORT			
COLLISION WITH FIXED OBJE 3rd Sequence of Events Type (this ve	CT			TRAFFIC SIGN SUPP Brd Sequence of Events D	PORT			
4th Sequence of Events Type (this vel	CT		l l	UTILITY POLE/LIGHT	SUPPORT			
UNKNOWN Most Harmful Event Type (this vehicle)			Most Harmful Event Detai		THE SECTION OF THE SE		-
COLLISION NON-FIXED OBJECT				MOTOR VEHICLE IN Contributi	TRANSPORT ng Circumstances 2 (this ve	hicle)		
NONE	12			NONE			12	
Area of Initia	ollision				Most Dama		TO.	
☐ Top	A P	3 -			☐ Non	Collision		
	carriage	: 1				rcarriage	: : .'	
Unkno	wn ·	1/1			☐ Unkn	• 🗸	1-1-1-1-1-1	
Occupant Type	Dorson Name (First M	:	5 .)			, ,		
DRIVER	Person Name (First M EMILY MICHELLE HE	NDERSON			NON	Status FATAL INJURY		
PASSENGER PASSENGER	COURTNEY NICOLE REAGAN DANIELLE					FATAL INJURY FATAL INJURY		
DRIVER V01 Person Type	NM# V	ehicle# Perso	n Type	Detail				
DRIVER' First Name LISA	Middle Name	01		Last Name		Suffix	Date of Birth Age Si 12/14/1966 46 F	ex
Address 203 PARKER ST	ANN	Address Other		WILLIAMS	City	DD1205	State Zip Code	
Phone Number 229-246-9650	Phone Number (other)			on at Time of Crash	JBAIN	BRIDGE	GA 39817	
Driver License Number 054820920	Class Expires 12/14/20	State		diction Type	VER'S LICENSE	Status VALID LICENS	SF.	
Drivers License Restrictions 1 NONE		Drivers Licen	se Res		Driv	vers License Restriction		
Driver Distracted By UNKNOWN					on Obstructions NOT OBSCURED			
Driver Actions at Time of Crash 1 (bas FAILED TO YIELD RIGHT-OF-V	VAY				ons at Time of Crash 2 (bas ITRIBUTING ACTION	sed on judgement of inv	vestigation officer)	
Driver Actions at Time of Crash 3 (bas NO CONTRIBUTING ACTION	ed on judgement of investiga	tion officer)		Driver Act NO CON	ons at Time of Crash 4 (bas ITRIBUTING ACTION	sed on judgement of inv	vestigation officer)	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating	Position: Seat		Motor Vehicle Seating F NOT APPLICABLE	osition: Other		Seating Position Unknown	own
Restraint Systems NONE USED - MOTOR VEHICL	E OCCUPANT			Helmet Us	е			
Air Bag Deployed NOT DEPLOYED				Ejection EJECTE	D TOTALLY			
Trapped Extrication								
NOT TRAPPED								
Injury Severity Level Type NON FATAL INJURY	NON-II	everity Level Det				UPPER EXTREM	ious of Body Area Injured During Cra	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND	EMS Agency Na DECATUR CO	NCAPACITAT me or ID		EMS Run Number 0313003446		UPPER EXTREM ansported To MEDICAL CENTER	IITY	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol U NO	EMS Agency Na DECATUR CO	NCAPACITAT me or ID		EMS Run Number 0313003446 Alcohol Tested TEST NOT GIVEN	SOUTH EAST	UPPER EXTREM cansported To MEDICAL CENTER cohol Test Result	IITY	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol L NO Law Enforcement Suspected Drug Use NO	EMS Agency Na DECATUR CO JSe Alcohol Test Type Drug Test Type	NCAPACITAT me or ID		EMS Run Number 0313003446 Alcohol Tested	SOUTH EAST Ale	UPPER EXTREM ansported To MEDICAL CENTER	IITY	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol L NO Law Enforcement Suspected Drug Use	EMS Agency Na DECATUR CO	NCAPACITAT me or ID D EMS	ING (E	EMS Run Number 0313003446 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN n Description	SOUTH EAST Ale	UPPER EXTREM ansported To MEDICAL CENTER cohol Test Result ug Test Result	IITY	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol L NO Law Enforcement Suspected Drug Use NO Violation Type Issued UNIFORM TRAFFIC CITATION PASSENGER V01 Person Type	NON-II EMS Agency Na DECATUR CC Drug Test Type Drug Test Type Number E0138550	NCAPACITAT me or ID D EMS	iolatio	EMS Run Number 0313003446 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Description FAILURE TO YIELD	SOUTH EAST Ale	UPPER EXTREM ansported To MEDICAL CENTER cohol Test Result ug Test Result	IITY	ash
Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol L NO Law Enforcement Suspected Drug Use NO Violation Type Issued UNIFORM TRAFFIC CITATION PASSENGER V01 PASSENGER First Name	NON-II EMS Agency Na DECATUR C(Decation Decation Drug Test Type Drug Test Type Number E0138550	NCAPACITAT me or ID D EMS V 40 hicle# Persor	iolatio	EMS Run Number 0313003446 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN DRUGHTEST NOT GIVEN DESCRIPTION FAILURE TO YIELD Detail Last Name	SOUTH EAST Ale	UPPER EXTREM ansported To MEDICAL CENTER cohol Test Result ug Test Result	BAC	
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Crash Number C000207280-01	Reporting Agency GEORGIA DEPARTMENT OF	PUBLIC	SAFETY	Reporting Agency Case Number C000207280	Reporting Agency CAD Number GSPG13CAD057984
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTE	D	
Trapped Extrication NOT TRAPPED			THOT ESECTE		
Injury Severity Level Type NON FATAL INJURY	Injury Severity Leve			Primary or Most Ob	vious of Body Area Injured During Crash
Source of Transport to Medical Facility	EMS Agency Name or ID	NG (A)	EMS Run Number 4048C	Medical Facility Transported To TALLAHASSE MEMORIAL HOSE	
EMS AIR Law Enforcement Suspected Alcohol Use	AIR HEART e Alcohol Test Type		Alcohol Tested	Alcohol Test Result	BAC
NO Law Enforcement Suspected Drug Use	Drug Test Type		Drug Tested	Drug Test Result	
DRIVER V02		3 0 2 1	TEST NOT GIVEN		
Person Type DRIVER	NM# Vehicle# P	erson Typ	e Detail		
First Name EMILY	Middle Name MICHELLE		Last Name HENDERSON	Suffix	Date of Birth Age Sex 01/29/1980 33 F
Address 1412 A HWY 179	Address C			City BONIFAY	State Zip Code FL 32425
Phone Number 229-309-4291	Phone Number (other)	APP	ition at Time of Crash ARENTLY NORMAL		•
Driver License Number H536213805290	Class Expires Stat E 01/29/2017 FL	02	sdiction Type NON-CDL DRIVER'S		
Drivers License Restrictions 1 NONE	Drivers L NONE	icense Re	strictions 2	Drivers License Restriction	ons 3
Driver Distracted By NOT DISTRACTED			Driver Vision Ob VISION NOT	OBSCURED	
Driver Actions at Time of Crash 1 (based NO CONTRIBUTING ACTION	on judgement of investigation officer)		NO CONTRIB	t Time of Crash 2 (based on judgement of in BUTING ACTION	
Driver Actions at Time of Crash 3 (based NO CONTRIBUTING ACTION	on judgement of investigation officer)		Driver Actions at NO CONTRIB	t Time of Crash 4 (based on judgement of in BUTING ACTION	nvestigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: S LEFT	Seat	Motor Vehicle Seating Position NOT APPLICABLE	n: Other	Seating Position Unknown
Restraint Systems NONE USED - MOTOR VEHICLE	OCCUPANT		Helmet Use		
Air Bag Deployed NOT DEPLOYED			Ejection NOT EJECTE	:D	
Trapped Extrication NOT TRAPPED					
Injury Severity Level Type NON FATAL INJURY	Injury Severity Leve	el Detail TATING	(B)	Primary or Most Ob HEAD	vious of Body Area Injured During Crash
Source of Transport to Medical Facility EMS GROUND	EMS Agency Name or ID DECATUR CO. EMS		EMS Run Number 4048	Medical Facility Transported To MEMORIAL MANOR HOSPITAL	
Law Enforcement Suspected Alcohol Use			Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use	Drug Test Type		Drug Tested	Drug Test Result	
I NO			TEST NOT GIVEN		
PASSENGER V02	INM# IVehicle# IP	erson Tyn			
PASSENGER V02 Person Type PASSENGER	V02	erson Typ	e Detail	Suffix	Date of Birth Age Sex
PASSENGER V02 Person Type PASSENGER First Name COURTNEY	Middle Name NICOLE			Suffix	14 F
PASSENGER V02 Person Type PASSENGER First Name	Middle Name	Other	Last Name HENDERSON	Suffix Suffix BONIFAY	
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179	Middle Name NICOLE Address C	Other Cond	Last Name HENDERSON ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position	City BONIFAY	14 F State Zip Code FL 32425
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems	V02 Middle Name NICOLE Address C	Other Cond	e Detail Last Name HENDERSON ition at Time of Crash ARENTLY NORMAL	City BONIFAY	State Zip Code
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USE	V02 Middle Name NICOLE Address C	Other Cond	Last Name HENDERSON ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE	City BONIFAY	14 F State Zip Code FL 32425
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PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol Us NO Law Enforcement Suspected Drug Use NO PASSENGER V02 PASSENGER V02 PASSENGER First Name REAGAN Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row SECOND Air Bag Deployed NOT DEPLOYED Trapped Extrication Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication	Note	Cond APP Seat	Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT EJECTE (B) EMS Run Number 4048 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN EDETAIL Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection	City BONIFAY Primary or Most Ot UPPER EXTRE Medical Facility Transported To MEMORIAL MANOR HOSPITAL Alcohol Test Result Drug Test Result Suffix City BONIFAY n: Other	Seating Position Unknown Seating Position Unknown
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol Us NO Law Enforcement Suspected Drug Use NO PASSENGER V02 Person Type PASSENGER First Name REAGAN Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT TRAPPED Injury Severity Level Type	Note Note	Cond APP Seat Cond APP	Last Name HENDERSON ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT EJECTE (B) EMS Run Number 4048 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN e Detail Last Name HENDERSON ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT APPLICABLE Helmet Use	City BONIFAY D Primary or Most Or UPPER EXTRE Medical Facility Transported To MEMORIAL MANOR HOSPITAL Alcohol Test Result Drug Test Result Suffix City BONIFAY n: Other	Seating Position Unknown Seating Position Unknown
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol Us NO Law Enforcement Suspected Drug Use NO PASSENGER V02 Person Type PASSENGER FIRST Name REAGAN Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility	Note	Cond APP Seat Cond APP	EDETAIL Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT EJECTE (B) EMS Run Number 4048 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN EDETAIL Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT APPLICABLE (B) EMS Run Number	City BONIFAY Primary or Most Ot UPPER EXTRE Medical Facility Transported To MEMORIAL MANOR HOSPITAL Alcohol Test Result Drug Test Result Suffix City BONIFAY To Other Primary or Most Ot HEAD Medical Facility Transported To	Seating Position Unknown Seating Position Unknown
PASSENGER V02 Person Type PASSENGER First Name COURTNEY Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row FRONT Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY Source of Transport to Medical Facility EMS GROUND Law Enforcement Suspected Alcohol Use NO PASSENGER V02 PASSENGER V02 PASSENGER First Name REAGAN Address 1412 A HWY 179 Phone Number 229-309-4291 Motor Vehicle Seating Position: Row SECOND Restraint Systems SHOULDER AND LAP BELT USE Air Bag Deployed NOT DEPLOYED Trapped Extrication NOT TRAPPED Injury Severity Level Type NON FATAL INJURY	Note	Cond APP Seat Cond APP	E Detail Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT EJECTE (B) EMS Run Number 4048 Alcohol Tested TEST NOT GIVEN Drug Tested TEST NOT GIVEN E Detail Last Name HENDERSON Last Name HENDERSON Ition at Time of Crash ARENTLY NORMAL Motor Vehicle Seating Position NOT APPLICABLE Helmet Use Ejection NOT EJECTE	City BONIFAY Primary or Most Ot UPPER EXTRE Medical Facility Transported To MEMORIAL MANOR HOSPITAL Alcohol Test Result Drug Test Result Suffix City BONIFAY Primary or Most Ot HEAD	Seating Position Unknown Seating Position Unknown

Crash Number C000207280-01	Reporting Agency GEORGIA DEPARTMENT OF	PUBLIC SAFETY	Reporting Agency Case Number C000207280	Reporting Agency CAD Number GSPG13CAD057984
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result	
BUSINESS RECORD		Market Market Carlo	ASSESSMENT AND ASSESSMENT	
Business Name CITY OF BRINSON			Phone Number	Phone Number (other)
Address P.O. BOX 728	Address (Other	City BRINSON	State Zip Code GA 39825
BUSINESS RECORD				
Business Name GA D.O.T			Phone Number	Phone Number (other)
Address	Address C	Other	City	State Zip Code
NON VEHICLE PROPERTY D. Description of Damaged Property YIELD SIGN Property Linked to Person / Business GA D.O.T				Estimated Damage
NON VEHICLE PROPERTY D. Description of Damaged Property SIGN Property Linked to Person / Business CITY OF BRINSON	AMAGE			Estimated Damage
NARRATIVE: C000207280				

Vehicle #1 was traveling north on GA 310. Vehicle #2 was traveling west on GA 38 in the outside lane. Vehicle #1 had entered into the median and was attempting to cross GA 38 westbound lanes. Vehicle #1 pulled out into vehicle #2's lane of travel. Driver #2 swerved to the right and applied brakes in an attempt to avoid striking vehicle #1. The front of vehicle #2 struck the right side of vehicle #1. Area of impact was on the outside edge of the outside westbound lane of GA 38. After impact, vehicle #1 rotated in a clockwise manner and traveled onto the west side of GA 310. The left side of vehicle #1 struck a sign on the west side of GA 310. Vehicle #2 traveled onto the west side of GA 310. Vehicle #2 traveled onto the west side of GA 310. After striking the sign, vehicle #2 continued traveling forward and struck a utility pole with it's front. Vehicle #2 came to an uncontrolled rest facing north west with it's front against the pole on the west side of GA 310.

DVD# 519-037-13

Pictures taken by CPL K.B. Jones #519

	REPORTING OFFICER	APPROV	/ING OFFICER (SUPERVISOR)
Reporting Officer Name JONES, K. ID Number Rank 0519 CORPORA Org / Unit G-14	Signature CAP Sorus 19	Approving Officer Name GODBY, C ID Number Rank 0372 SFC Org / Unit G-14	SPC CM Lindly #372

DIAGRAM OF ACCIDENT GA 310 GA 38 EB Median Median GA 38 WB Yield Sign GA 310 -Pole



Crash Number Reporting Agency C000236915-02 GEORGIA DEPARTMENT OF PUBLIC SAFET	Y Reporting Agency Case Number Reporting Agency CAD Number GSPG14CAD040392
CRASH IDENTIFIERS	mits Crash Date/Time Reported Date/Time Dispatched Date/Time
DECATUR BRINSON	08/05/2014 12:45 PM 08/05/2014 12:45 PM 08/05/2014 12:46 PM
On Scene Date/Time 08/05/2014 01:12 PM	Reason (if Investigation Not Complete) Source of Information LAW ENFORCEMENT AGENCY
ROADWAY INFORMATION Roadway Description for Location of Occurrence	Distance to City or Place of Crash Latitude Longitude
GA38 / US 84 Intersecting Roadway Description for Location of Occurrence	N 30 58 14.09 W 84 44 0.24 Distance / Direction from Crash Location Roadway Roadway Cleared Date/Time
GA.310 Part of National Highway System Roadway Functional Class Type	Roadway Functional Class Detail
	MAJOR COLLECTOR keway Facility Signed Bicycle Route
UNPAVED NO LIGHTING NONE Traffic Control Type at Intersection Mainline Number of Lanes at Interse	NOT APPLICABLE
STOP SIGNS ON CROSS STREET ONLY TWO LANES CRASH INFORMATION	TWO LANES
Light Condition Weather Condition	Roadway Surface Condition DRY Crash Pictures Taken
DÄYLIGHT CLEAR First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Total Counts Vehicles CMV Motorists Non-Motorists	Injured Fatalities Witnesses Other Persons Businesses Violations
2 0 2 0 First Harmful Event's Relation to Junction Is First Harmful Event within Interchange	1 0 0 0 0 1 Area Type of Intersection
INTERSECTION-RELATED NO Contributing Circumstances: Environment Contributing Circumstances:	FOUR-WAY INTERSECTION
NONE NONE	NONE
Contributing Circumstances: Road Contributing Circumstances: NONE NONE	NONE
School Bus Related Work Zone Related NO NO	Crash Location in Work Zone
VEHICLE V01 Note: Motor Vehicle Type Sta	te License Number Registration Expires
V01 MOTOR VEHICLE IN TRANSPORT Year Make Model Style	
2012 BUICK ENCLAVE MP	BRO PASSENGER CAR
Special Function of Motor Vehicle in Transport Emergency Motor Vehicle NO SPECIAL FUNCTION NO	NOT A BUS
Owner First Name Owner Middle Name Owner Last Name FOSTER EARL ALDRIDGE	Owner Suffix Owner Business (if not Person) City State Zip Code
Address Other 386 BARBER RD Owner Phone Number (other) Insurance Com	BŔÍNSON GA 39825-2040
STATE FAR	M 0222589-A06-11J
Vehicle Removal TOWED DUE TO DISABLING DAMAGE Vehicle Towed RATHELS	ROTATION
Direction of Travel Before Crash SOUTHBOUND Speed: Estimated Posted Roadway Type DIVIDED HIGHWAY	Total Lanes Roadway Horizontal Alignment Roadway Grade LEVEL
TWO-WAY NOT DIVIDED	affic Control Device Type TOP SIGN Working Properly
Roadway Description for Vehicle Travel GA310	
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD Hit & Run (by this vehicle) NO DID NOT LEAVE SCE	Damage Extent (for this vehicle) ENE DISABLING DAMAGE
	ence of Events Detail (this vehicle) R VEHICLE IN TRANSPORT
	uence of Events Detail (this vehicle)
	ence of Events Detail (this vehicle)
	ence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) Most Har	mful Event Detail (this vehicle)
Contributing Circumstances 1 (this vehicle)	Contributing Circumstances 2 (this vehicle)
NONE 12	NONE 12
Area of Initial Impact	Most Damaged Area
Non Collision	☐ Non Collision **
Тор	□ Top
Undercarriage	Undercarriage
☐ Unknown	Unknown
Occupant Type Person Name (First Middle Last Suffix) DRIVER FOSTER EARL ALDRIDGE	Injury Status NO INJURY(O)
VEHICLE V02	The Harris Number - Decision - De
Vo2 Motor Vehicle Type Sta MOTOR VEHICLE IN TRANSPORT AL Year Make Model Istvie	te License Number Registration Expires Permanent D30P Color Body Type Category
2013 HONDA PILOT SPORT UTI	LITY SIL PASSENGER CAR
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION NO	e Use Type of Bus Use NOT A BUS

Crash Number C000236915-02	Reporting Agency GEORGIA DEPART	MENT OF PUB	LIC	SAFETY		Reporting A	gency Case Number	Reporting Agency (GSPG14CAD04	
Owner First Name MARY	Owner Middle Name ELLEN	Owner La		ame	Owner Suffi	ix Owner	Business (if not Person)		
Address 706 COUNTY ROAD 106	LELLIY	Address Other			L.	<u> </u>	City COLUMBIA	State	Zip Code 36319
Owner Phone Number 243-693-5502	Owner Phone Number (c 334-791-8170			nce Company IERS			Insura	nce Policy Number 99-717-01	
Vehicle Removal TOWED DUE TO DISABLING	DAMAGE	Ve	ehicle REC	e Towed By CISION				Nrecker Selection Met ROTATION	hod
Direction of Travel Before Crash EASTBOUND	Speed: Estimated Posted				Total Lanes Road	dway Horizor RAIGHT	A THE CONTRACT OF THE CONTRACT	Roadway Grade LEVEL	
Trafficway Description TWO-WAY DIVIDED POSITIV	E MEDIAN BARRIER			Traffic C	ontrol Device Type NTROLS			Working Prop	perly
Roadway Description for Vehicle Tra GA38,GA310	Annual of								
Vehicle Maneuver Action (by this vel MOVEMENTS ESSENTIALLY	STŔAIGHT AHEAD	Hit & Run (by this NO DID NOT L	s veh LEA	icle) VE SCENE			Damage Extent (for this DISABLING DAMAC	vehicle) GE	
1st Sequence of Events Type (this v COLLISION NON-FIXED OBJE	ehicle) ECT				of Events Detail (this HICLE IN TRANSI			6	
2nd Sequence of Events Type (this UNKNOWN	vehicle)		2	2nd Sequence	of Events Detail (this	s vehicle)			
3rd Sequence of Events Type (this v UNKNOWN	ehicle)		3	3rd Sequence o	of Events Detail (this	vehicle)			
4th Sequence of Events Type (this v UNKNOWN	ehicle)		4	4th Sequence o	of Events Detail (this	vehicle)			
Most Harmful Event Type (this vehicle COLLISION NON-FIXED OBJE	le) ECT				vent Detail (this vehi				
Contributing Circumstances 1 (this v NONE					Contributing Circum NONE		his vehicle)		
Area of Ini	tial Impact	-1·				Most	Damaged Area	12	
1000	Collision **						Non Collision	" \	
□ Тор	, T	3 -					Тор	* 1: -	
☐ Unde	ercarriage	9 7					Undercarriage	11111	
☐ Unkr	own						Unknown	field,	
Occupant Type	Person Name (First N	liddle Last Suffix	v)				njury Status		
DRIVER	MARY ELLEN PLUM		,				NON FATAL INJURY		
DRIVER V01 Person Type DRIVER		/ehicle# Person	Туре	e Detail					
First Name FOSTER	Middle Name EARL	/01		Last Nam			Suffix	Date of Birth 09/30/1933	Age Sex 80 M
Address 386 BARBER RD	LAIL	Address Other		ALDINE	701	T	City BRINSON	State GA	Zip Code 39825
Phone Number	Phone Number (other)			tion at Time of			BININGON	10/	103020
Driver License Number 054732094	Class Expires 09/30/2	State		diction Type	-CDL DRIVER'S L	LICENSE	Status VALID LICEN	ISE	
Drivers License Restrictions 1 NONE		Drivers License					Drivers License Restriction		
Driver Distracted By UNKNOWN					Driver Vision Obstru VISION NOT OF				
Driver Actions at Time of Crash 1 (b. FAILED TO YIELD RIGHT-OF	ased on judgement of investig -WAY	ation officer)				me of Crash	2 (based on judgement of in ON	nvestigation officer)	
Driver Actions at Time of Crash 3 (b. NO CONTRIBUTING ACTION	ased on judgement of investig	ation officer)				me of Crash	4 (based on judgement of in	nvestigation officer)	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seatin	ng Position: Seat		Motor Vehicl NOT APPL	e Seating Position: C	THE RESERVE THE PARTY OF THE PA		Seatin	g Position Unknown
Restraint Systems SHOULDER AND LAP BELT I				11,017,111	Helmet Use				
Air Bag Deployed DEPLOYED-COMBINATION					Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NO INJURY(O)	Injury \$	Severity Level Deta	iil				Primary or Most Ob	ovious of Body Area In	jured During Crash
Source of Transport to Medical Facil NOT TRANSPORTED	ity EMS Agency N	ame or ID		EMS Run N	umber	Medical Fac	cility Transported To		
Law Enforcement Suspected Alcoho	I Use Alcohol Test Type	**************************************		Alcohol Te TEST NO	sted OT GIVEN		Alcohol Test Result		BAC
Law Enforcement Suspected Drug U NO	lse Drug Test Type			Drug Teste			Drug Test Result	TORUS CIDIS REAL PROPERTY OF THE PARTY OF TH	
Violation Type Issued	Number			on Descriptio	n	רחפרפדיי	ON OF DOADIANS		
UNIFORM TRAFFIC CITATION DRIVER V02	N E0161994	40-	-0-/	U FAILURE	O TIELD AT INT	EKSECIIC	ON OF ROADWAYS		
Person Type DRIVER	1	ehicle# Person 7/02	Туре						
First Name MARY	Middle Name ELLEN			Last Nam PLUML			Suffix	Date of Birth 09/17/1953	Age Sex 60 F
Address 706 COUNTRY ROAD 106	I Dhana Maraka ()	Address Other			O		COLUMBIA	State AL	Zip Code 36319
Phone Number	Phone Number (other)	Α	PPA	ion at Time of (Secretaria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos	16::		
Driver License Number 6180254	Class Expires 10/26/2	016 AL	02		CDL DRIVER'S L	LICENSE	Status VALID LICEN		
Drivers License Restrictions 1 NONE		Drivers License NONE	e Res	strictions 2			Drivers License Restriction NONE	ons, 3	
Driver Distracted By NOT DISTRACTED					Driver Vision Obstru VISION NOT OB	BSCURED			
Driver Actions at Time of Crash 1 (b NO CONTRIBUTING ACTION	ased on judgement of investig	ation officer)			Driver Actions at Tir NO CONTRIBUT	me of Crash TING ACTI	2 (based on judgement of ir ON	nvestigation officer)	

Crash Number C000236915-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC	SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPG14CAD040392
Driver Actions at Time of Crash 3 (based of NO CONTRIBUTING ACTION	n judgement of investigation officer)		ons at Time of Crash 4 (based on judgement ITRIBUTING ACTION	of investigation officer)
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating P NOT APPLICABLE	osition: Other	Seating Position Unknown
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Us	е	
Air Bag Deployed DEPLOYED-COMBINATION		Ejection NOT EJE	ECTED	
Trapped Extrication NOT TRAPPED	, , , , , , , , , , , , , , , , , , ,			
Injury Severity Level Type NON FATAL INJURY	Injury Severity Level Detail NON-INCAPACITATING	(B)	Primary or Mos UPPER EXT	t Obvious of Body Area Injured During Crash REMITY
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	N.
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result	BAC
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result	
NARRATIVE: C000236915		THE REPORT OF THE PARTY OF		

Vehicle # 1 was traveling south on GA 310. Vehicle # 2 was traveling east on GA 38. After stopping at the intersection of Ga.38, the driver of vehicle # 1 attempted to cross GA 38. Vehicle # 1 failed to yield the right away to # 2. Vehicle # 1 traveled into the path of vehicle # 2. Vehicle # 2's front end stuck vehicle # 1's left side. After impact, both vehicles came to rest on the south shoulder of GA 38.

Note: This traffic crash was recorded by DVD # 618-039-2014vehicle

REPORTING OFFICER	APPROVING OFFICER (SUPERVISOR)
Reporting Officer Name Signature KIRKUS, J. ID Number Rank 0618 Org / Unit G-14	Approving Officer Name Signature ID Number Rank Org / Unit

